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COVER LETTER

TO:	Registration Se Division of Cor							
	LEGACY S	STONE WORK, LLC	v. ,					
SUBJECT:								
		Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: EDISON VILLAMARIN Name of Person LEGACY STONE WORK, LLC Firm/Company 1955 WINDCREST LAKE CIR Address ORLANDO, FL 32824 City/State and Zip Code brisksolutions@yahoo.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	cany Cip Code re annual report notification) 895-4406				
Please	return all correspo	ndence concerning this matter	to the following:					
		EDISON VILLAMARIN						
								
		LEGACY STONE WORK	I,LLC					
			Firm/Company					
		1955 WINDCREST LAKI	E CIR					
			Address					
		ORLANDO, FL 32824						
		hrisksolutions@vahoo.com						
		•		ation)				
For fur	ther information c	oncerning this matter, please c	all:					
EDISC	ON VILLAMARIN	ı	203 895-4406					
Name of Person		f Damon	at () Area Code Daytime 1	Calcabana Nimban				
	14Eille Oi	11 63011	Alca Code Dayuna I	стерионе гчшпоег				
Enclose	ed is a check for th	e following amount:						
€ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil)	
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C L20000371036 Lorida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
ECG GLOBAL SOLUTIONS, LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if annlicable:	
• • • • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
• • • • • • • • • • • • • • • • • • • •	· · ·
Mailing address MAY BE A POST OFFICE BOX)	d office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere	d office address on our records, <u>enter the name of the new reg</u>
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Add
			□ Remove
			□Add
			□Remove
			□Change
		**	□ Add
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ective date, if other than to deflective date is listed, the date n	block does not meet the app	olicable statutory filing req	uirements, this date wil	not be listed as t
te: If the date inserted in this	Department of State's recor	rds.		
te: If the date inserted in this	Debarracia of State 2 fector			
te: If the date inserted in this cument's effective date on the				
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Filing Fee: \$25.00