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COVER LETTER

TO: Registration Sec Division of Corp				
ECODECIS	ION, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Taylor A. Talmage, Esq.			
		Name of Person		
	Norman, Hanson & DeTroy	, LLC		
		Firm/Company		
	P.O. Box 4600			
		Address		
	Portland, ME 04112			
	wal	City/State and Zip Code		
	ttalmage@nhdlaw.com E-mail address: (1	o be used for future annual report notific	cation)	
For further information c	oncerning this matter, please co	all:		
Taylor A. Talmage, Esq.		207 553-4702 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
				Q
Enclosed is a check for t	he following amount:		1207	77
■ \$25.00 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 1 (additional copy is enclosed)	
			> A = -	
Mailing Addre Registration	Section	Street Address: Registration Sec Division of Corp	tion	
Division of O P.O. Box 633		The Centre of Ta	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECODECISION, LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000025665</u>	y were filed on JANUAR	RY 27, 2021	aı	nd assig	med
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	ion "LLC" or th	abbreviat	on "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:			<u>_</u>		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our record	s, enter the n	ame of t	he new	_
				20.	- (P)
New Registered Office Address:	Enter Florida str	eei address , Florida		ZI MAR -	ή
	City	_	Zip	Code	
New Registered Agent's Signature, if changing Registered Agen				\triangleright	-
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ite perjormance oj my a is provided for in Chapt	unes, ana 1 c er 605, F.S.	or, if thi	s docur	nent is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	Marta Echavarria	Av 6 de Diciembre y Portugal Esq.	🗆 Add
		Edif. ZYRA, of 705, Quito 170504 Ecuador	🗏 Remove
			Change
			□ Add
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	(optional)
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.02
e record specifies a delayed effective date, but not an effective time, at 12:01 rd is filed.	l a.m. on the earlier of: (b) The 90th day after the
Dated February 23 , 2021	
Marie	

Filing Fee: \$25.00