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2022 JUN 27 PH 5: 46

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:			
зовлест	Name of Lin	nited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Matthew Jaffe		
		Name of Person	
	ECOM MGMT LLC		
		Firm/Company	- _
	16 Forest Hill Drive		
		Address	·············
	Wayne, NJ 07470		
		City/State and Zip Code	
	mjaffe85@gmail.com	to be used for future annual report not	·
For further information c	concerning this matter, please c	·	neation)
Matthew Jaffe		561 445-6372	
Name o	d Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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 (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[20] [[[] [] [] []

ECOM MGMT LLC

2022 JUN 27 PH 5: 1.6

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 Florida document number $\underline{L21000043683}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 16 Forest Hill Drive Enter new principal offices address, if applicable: Wayne, NJ 07470 (Principal office address MUST BE A STREET ADDRESS) 16 Forest Hill Drive Enter new mailing address, if applicable: Wayne, NJ 07470 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Name	Address	Type of Action
MGR	JAFFE, MATTHEW	16 FOREST HILL DRIVE	□Add
		WAYNE, NJ 07470	
			≣ Change
	-		
			□Remove
			□Change
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If an eff <u>Note:</u>	we date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	0207 i d as 1
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated	June 21 2022	

Typed or printed name of signee