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| Special Instructions to Filing Offic | er:                |
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: EEC  | SERVICE LLC<br>Name of Lim                   | ited Liability Company   |  |
|---|--|--|--|
|   |  | ,,   |  |
| The enclosed Articles of  | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please return all correspo  | ndence concerning this matter                | to the following:  |  |
|   | Edson Eterr                                  | Name of Person   |  |
|   |  | Firm/Company   |  |
|   | 734 Dogian                                   | Dr. Apt 2  | 3  |
|   | Destin, FL                                   | Address Ap + 2 Address  City/State and Zip Code  |  |
|   | E-mail address: (                            | to be used for future annual report notif  | ication)   |
| For further information c   | oncerning this matter, please c              |  |  |
|   |  | at ()<br>Area Code Daytime   |  |
| Name o  | f Person                                     | Area Code Daytime  | Telephone Number   |
| Enclosed is a check for th  | ne following amount:                         |  |  |
| <b>≊</b> \$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<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                  | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of To<br>2415 N. Monroe<br>Tallahassee, FL | porations<br>allahassee<br>: Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EEC SERVICE LLC  |  |
|--|--|
| (Name of the Limited   | Liability Company as it now appears on our records.)  Verification Limited Liability Company)        |
| Florida document number <u>L210000452</u> 0  |  |
| This amendment is submitted to amend the follow  | ving:  |
| A. If amending name, enter the new name of t   | the limited liability company here:  |
| The new name must be distinguishable and contain the wor                                     | rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                  |
| Enter new principal offices address, if applical   | ble:   |
| (Principal office address MUST BE A STREET   | ADDRESS)   |
|  | ·  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo           | :  |
|  |  |
| B. If amending the registered agent and/or regagent and/or the new registered office address | gistered office address on our records, <u>enter the name of the new registered</u><br><u>here</u> : |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | 1.mer 1 wrate so eel tatal ess   |
|  | , Florida  |
|  | City Zip Code  |

## 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                               |
|--------------|----------------------|---------------------------------------|--|
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| an effective da<br><u>ote:</u> If the d | e, if other than the<br>ate is listed, the date mus<br>ate inserted in this bli<br>fective date on the De | st be specific and<br>ock does not r | d cannot be prior<br>meet the applic | to date of filing (<br>able statutory f | r more than 90 da                     | (optional)<br>ys after filing.) F<br>nts, this date w | ursuant to 605.020<br>ill not be listed a |
| record specif<br>is filed.              | ies a delayed effectiv  | e date, but not                      | t an effective ti                    | me, at 12:01 a.                         | n. on the earlie                      | r of: (b) The '                                       | 90th day after the                        |
| ned <u>Ma</u>                           | my 04 +L  | 13/                                  | , 2021                               |   | <b>,</b>                              |   | 10 11                                     |
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| تضرر ک                                  | , ,   | Cingliana at                         | 122112                               |   | ive of a member                       |   |   |

Filing Fee: \$25.00