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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ECL MEDIA	
	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
WALTER H	HOLE M Name of Person
Eci MEDIA	Name of Person
$\underline{}$	Firm/Company
4620 Portofino V	Na. Apr 200
	Address
West Palm Bea	ch FLORIDA 33409 City/State and Zip Code
Fmail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	1:
Walter Holem	ar (561) acc 1461
Name of Person	at (56) COG 1461 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Limite	d Liability Comp	any as it now appears o Liability Company)	n our records.)		
				•	. ,
The Articles of Organization for this Limited Lia		were filed on	oracing of the	and ass	igned
Florida document number <u>L2100062</u>	102				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited lial	bility company here	AIU:		
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the desi	gnation "LLC" or the abl	oreviation "L	IC."
Enter new principal offices address, if applica	ble: NIA				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: $$	///	_			
Mailing address MAY BE A POST OFFICE B					
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our reco	ords, <u>enter the name</u>	e of the new	v registere
Name of New Registered Agent:		100	···		
New Registered Office Address:					
		Enter Florida	street address		Øs.
			, Florida	1	<u> </u>
		City		_'	•;
New Registered Agent's Signature, if changing R	egistered Agent	<u>:</u>		APS .	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as egistered office	e performance of m provided for in Cha	y duties, and I am fo apter 605, F.S. Or,	amiliar with if this docu	h and ment 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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cord spec s filed.	cifies a	delayed effe	ective date	e, but not	an effecti	ve time, a	t 12:01 a	ı.m. on th	e earlier	of: (b)	The 90t	th day afte
	pril	15	1	,	202						- - -	<i>2021</i>
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