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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	ECH BUILD LLC	•	
30BJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM RIVERA ROM	MAN	
		Name of Person	<del></del>
	WILLIE TECH BUILD I	I.C	
		Firm/Company	
	651 N GOLDENROD RD	SUITE N- 21	
		Address	<del>-</del>
	ORLANDO, FL 32807		
		City/State and Zip Code	
	willietechbuild@gmail.com	1	
	E-mail address: (	to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
WILLIAM RIVERA RO	OMAN	407 256-8371	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for the	ne 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:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLIE TECH BUILD LLC		
( <u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000125076	Company were filed on MARCH 16, 2021 ar	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:	651 N GOLDENROD RD.	
Principal office address MUST BE A STREET ADDI	RESS) SUITE N- 21	
	ORLANDO, FL 32807	
Enter new mailing address, if applicable:	P. O BOX 570744	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32857	<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of th	e new regist
Name of New Registered Agent: WILI	LIAM RIVERA ROMAN	•••
New Registered Office Address: 8812	2 LAMBERT LN	<u> </u>
	Enter Florida street address	;
ORLA	ANDO, Florida	
	City Zip	Code
New Registered Agent's Signature, if changing Registere	ed 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 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	William Rivera Roman	3212 Lamberto LN	□ Add
		U-lando F2 31835	Remove
			<b>€</b> Change
			□Add
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Sote: If th	e date inserted i	n this block does not me	et the applicable statutory filing	requirements, this date will not be	fisted as t
		on the Department of Sta		•	
record spe	ecifies a delayed	effective date, but not ar	n effective time, at 12:01 a.m. e	n the earlier of: (b) The 90th day a	ifter the
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		1211	Rivara Roman yped or printed name of signee		
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Filing Fee: \$25.00