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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations	
SUBJECT:	E-Ca	OM INDUSTRY LLC
		Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.
	spondence concerning this matt	
	_	IGNACIO SAENZ
		Name of Person
	<i>E</i>	- COM Industry LLC Firm/Company
	1	.000 Biscayne BLUD Unit 2901
		. NO. 1 C. 3
	- Ilu Ai	ri FL 33 132 City/State and Zip Code
	E-mail address:	(to be used for future annual report positions)
For further information	concerning this matter, please o	call:
工匠	NACIO SAENZ	(to be used for future annual report notification) call: at (305) 240 4061 Area Code Daytime Telephone Number (201)
Name (of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, — Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C		Registration Section
P.O. Box 632	orporations 7	Division of Corporations The Control of Tallala
Tollohuman		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E-COM I	INDUSTRY	LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	505/50/50	./ and assigned
Florida document number <u>L 21 000 30 6203</u>	~		und assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>tere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		/	,
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the n</u>	ame of the new registered
			20
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	0
	City	, Florida	7:01
	Cu),		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 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
MGR	IGNACIO SAENZ LANCUBA	1000 Biscayne Blub	□Add
		UNIT 2901	≌ Remove
		Miani FL 33/32	□Change
MGR	Tony COLETTA	1000 Biscayne Blup	≅ Add
		UNIT 2901	□Remove
		Miani FL 33132	□Change
<u> </u>			□Add
			□ Remove
			□Change
			287 NO 17 NO
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		275 275 275 275	PK 2:	

(If an ef Note:	(optional fective date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date the date on the Department of State's records.	D	o 605.02 c fisted	97 (3)(b) as the
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ted.	he 90th day	after th	ie
Dated	AUGUST 14 2021			
	Signature of a member of authorized representative of a member		-	
	I GNACIO SOENE LANCUBA			

Filing Fee: \$25.00