

# L21000341953

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

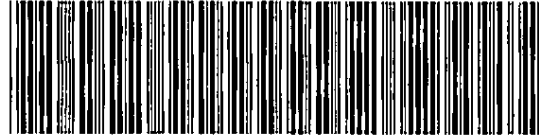
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

US  
10/19/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECP DIGITAL MEDIA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA PENA

Name of Person

TAX SOLUTIONS AND BOOKKEEPING LLC

Firm/Company

7751 KINGSPONTE PKWAY STE 119

Address

ORLANDO, FL 32819

City/State and Zip Code

TAXES.SOLUTIONS100@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

PATRICIA PENA

Name of Person

at ( 407 ) 346-8016

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ECP DIGITAL MEDIA LLC

(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 09/27/2021 and assigned  
Florida document number 121000341953.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ECP DIGITAL MEDIA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

7751 KINGSPONTE PKWAY, STE 110  
ORLANDO, FL 32819

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7751 KINGSPONTE PKWAY, STE 110  
ORLANDO, FL 32819

**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*

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 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>	<u>Type of Action</u>
AMBR	MARTIN R CASERTA	55 SW 9TH ST 2309 APT, WEST TOWER BRICKELL	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ENRICO R CIAMPOCHIARO PEDROUZ	55 SW 9TH ST 2309 APT, WEST TOWER BRICKELL	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS I GUTIERREZ MARTINEZ ✓	AV AZTECAS 215 T-A 611	<input type="checkbox"/> Add
		COL LOS REYES COYOACAN	<input checked="" type="checkbox"/> Remove
		COYOACAN, CDMX 04330	<input type="checkbox"/> Change
MGR	ARTURO ANDRES ALVAREZ ✓	45 NE 45 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARTURO ANDRES ALVAREZ ✓	45 NE 45 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/27/2021 :

Signature of a member or authorized representative of a member

ARTURO ANDRES ALVAREZ

Typed or printed name of signee