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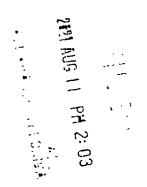
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FCC Site9 Dwer UC 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:
Christie Christenson Name of Person
Echelon IIC Firm/Company
235 third St. South # 300
St. Petersburg FL 33701 Gry/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mristie Christenson at (127) 803-8220 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ECC Site9 Dwger	11C-
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L21000343299</u>	d on <u>D7-29-2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	
Enter new principal offices address, if applicable:	y. the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
THE THE STATE OF THE ASTREET ADDRESS!	1818
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- P
	2:
N. 16	03
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new registered
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter 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>	Address	Type of Action
MGR	ECC Site 9 Acquisition LIC	2 235 third St. South	_ CDAdd
	,	Suite 300	□Remove
		St. Petersburg, FL 3370	□Change
MGZ	Echelon UC	235 third St. South	□Add
		Suite 300	DRemove
		St. Petersburg, FL 33701	
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			Add Remove
		· -	EChange
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d e: If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	ate of filing or more than or statutory filing require	(optional) 90 days after filing.) ements, this date v	Pursuant to 605,020 vill not be listed a
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the ea	arlier of: (b) The	90th day after the
a August 5, 2021.			
	,		

Filing Fee: \$25.00