## L21000375503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

## COVER LETTER

TO:	Registration Se Division of Cor		•	
cum	ret.		REMODELING LLC	
SOBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		ROXANA TUMBAÇO		
			Name of Person	<del></del>
		CORNERSTONE TAX A	ND ACCOUNTING SERVICES	
			Firm/Company	
		4000 HOLLYWOOD BL	VD SUITE 555-S	
			Address	
		HOLLYWOOD, FL 3302	ſ	
			City/State and Zip Code	
		<del>-</del>	RSTONETAXCORP.COM	
		E-mail address: (	to be used for future annual report not	ification)
For fur	rther information c	oncerning this matter, please c	all:	
ROXA	ANA TUMBACO		786 597-9461	
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$2	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 Registration S		<u>Street Address:</u> Registration Se	retion
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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W.A.L.L. REMODELING LLC

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on or imited Liability Company)	F records TALLAHASSEF FLORIE
The Articles of Organization for this Limited Liability Con Florida document number L21000375503	mpany were filed on 08/23/2	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
ECHO GROUP LLC	ding name, enter the new name of the limited liability company here:  UP LLC  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.E.C."  principal offices address, if applicable:  Iffice address MUST BE A STREET ADDRESS)  mailing address, if applicable:  Idress MAY BE A POST OFFICE BON)  ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered Agent:  In of New Registered Agent:  We Registered Office Address:  Enter Florida street address  Enter Florida	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ffice address on our record	s. enter the name of the new registered
	zmer r ioriau mre	
	City	Florida
New Registered Agent's Signature, if changing Registered A	,	7.47 S.M.
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capac uplete performance of my du ut as provided for in Chapta	ities, and I am familiar with and er 605. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Zoho Sign Document ID: 2AAAE02F-IP-C6LDLW6JY3BGRAMOCPLUYUI3UKLCNYSK2JEN9F9W

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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGRM	MR. WILLMER LYON	3600 E FLETCHER AVE 239	
		TAMPA EL 22612	Add
		TAMPA, FL 33613	Remove
MGR	MRS. MARYORI LEON	3600 E FLETCHER AVE 239	✓ Change
		TAMPA, FL 33613	
			₹ Remove
			Change
MGR	MR. Willmer Alex Lyon Basanta	3600 E FLETCHER AVE 239	
		TAMPA, FL 33613	Add
			7 Remove
			Change
			Change
<del></del>			
			Remove
			Kellaye
			Change
			<del></del>
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			— Change
	-		Add
			Remove
			Change

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fective date, if other than the dat n effective date is listed, the date must be nte: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior does not meet the application.	to date of filing or more	than 90 days after fil	ling.) Pursuant to 60	
ecord specifies a delayed effective da is filed.	te, but not an effective ti	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day aff	ter the
SEPTEMBER 29TH ted	2023				
	nature of a member or author				

. . .

Filing Fee: \$25.00