## K21000473149

	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Name of Limited Lie	ibility Company
The enclosed Articles of Amendment and fee(s) are submitted.  Please return all correspondence concerning this matter to the	•
<u>Oriana V.</u>	MOTENO MOS
more	Film/Company
14693 Vacilities	4 way anado Fr 32824
<u>Chardo</u> FL 3	State and Zip Code
E-mail address: (to be us	COOUCE WCMAIL (M)
For further information concerning this matter, please call:	. :
Crana V. Myeno Name of Person	at (301) <u>E96 7671</u> 3
Enclosed is a check for the following amount:	
Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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

	**	
(Name of the Limited Liability Comp (A Florida Limited	Thiability Company)	ecorus,
The Articles of Organization for this Limited Liability Compan		121 and assigned
Florida document number <u>L21000i4731</u> 40	7	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	illi (	of LC" and a share initial of LC"
he new name must be distinguishable and comain the words "Limited Liar		^
Inter new principal offices address, if applicable:	14023 hee	ellang may
Principal office address MUST BE A STREET ADDRESS)	00000	L 32824
		27.2
Inter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
Maning dadressy BEAT BEAT 1931 OF FICE BOAT		
3. If amending the registered agent and/or registered office	addroes on our rocords a	<del></del> .
gent and/or the new registered office address here:	authors on our recording	inter the name of the new region
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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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<b>fective date, if other</b> in effective date is listed, thote: If the date inserted ecument's effective date	ne date must be specific in this block does n	and cannot be price of the application of the capplication of the	cable statutory f	or more than 90 days aft	tional) er filing.) Pursuant nis date will not l	to 605,020 be listed a
ecord specifies a delaye is filed.	d effective date, but	not an effective	time, at 12:01 a.i	m. on the earlier of;	(b) The 90th da	y after the
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