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(Requestor's Name)
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2022 SEP -2 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
	of name of owner and mana	ger	
SUBJECT:	Name of Lim	ited Liability Company	-i
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorge Enrique Gonzalez	Castro	
		Name of Person	
	Ecua Provider LLC		
•		Firm/Company	- · · · · ·
	231 Curtis Avenue		
		Address	report notification) 78-9038
	Groveland / FL 34736		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	Ecuaservices1@gmail.co	m to be used for future annual report not	(fication)
For further information of	concerning this matter, please c		incaron,
Jorge Enrique Gonzale	ez Castro	352 978-9038	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee be Street, Suite 810
Tallahassee,	FL 32314	2413 IV. WIOHIC	e succi, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ecua provider LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 08/02/2022	and assigned
Florida document number L22000341192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	2 <u>N/A</u>	
	N/A	
	Al/A	20 S
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
	N/A	27 L
		AS TO
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the</u>	
agent and/or the new registered office address here:		57/ E, F
No con a lorge Engi	que Gonzalez Castro	PATE PATE
Name of New Registered Agent: Jorge Enne	400 001/2012 00000	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
MGR	Maria Gabriela Gonzalez Castro		□Add
			□Remove
		231 Curtis avenue Groveland FL 34736	■ Change
AMBR	GONZALEZ, JORGE J, JR		🗆 Add
		231 Curtis avenue Groveland FL 34736	■ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated OB/30/2022 9:00 A.M. Signature of a member or authorized representative of a member		ding any other informa	icion, circor ca	ininge(o) nere	(IIIIacii saaaii	oran breeze, iy neec	
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Signature of a memory			Signature of a n	or autho		of a member	
			U.B.III.U.C.U.B.M	יטועים וני ישייייייי	representativ	o o a memarel	

Filing Fee: \$25.00