422000374268

| 4 | | | |
|---|--|--|--|
| (Requestor's Name) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| (1001000) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| (Dusiness Linky Hame) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

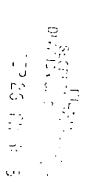
Office Use Only



100394801151

09/28/22--01034--017 **80.00

S. CHATHAM DEC 14 2022



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: HJS ECK Maragement, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fec(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| August V. Eck Name of Person |
| AJS ECK Management, LLC Firm/Company |
| H1334 North Hwy 19# 1080 |
| Torpon Springs FL 34689 City/State and Zlp Code |
| ajseckmanagement@amail.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| August U. Eck at (239) 989-4850 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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

(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 Co | mpany were filed on August 25, 2022 and assigned |
|--|---|
| Florida document number <u>L2200037426</u> | 28 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 41334 North Hwy 19#1080 |
| (Principal office address MUST BE A STREET ADDRE | Iss Tarpon Springs, FL 34689 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 41334 North Hoy 19#1080 Tarpon Springs, FL 34689 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | ugust V. Eck |
| New Registered Office Address: | 334 North Hwy 19#1080 Enter Florida street address |
| Tar | pon Springs Florida 34689 Zip Code |

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

New Registered Agent's Signature, if changing Registered Agent:

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 |
|--------------|-----------------|---|-------------------|
| <u>ambr</u> | Lucy J. Eck | 41334 North Hwy 19th | _□Add ₹1080 |
| Ccha | nge of Address) | H1334 North Hwy 19th Tarpon Springs, FL 3h | 1689 _ □Remove |
| | | | XIChange |
| | | | □Add |
| i | | | □Remove |
| | | | □Change |
| | | | □Add |
| I | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| ! | | | □Change |
| | | | = , . |
| | | | |
| | | | Change |
| | | | □Add |
| | | · · · · · · · · · · · · · · · · · · · | □Remove |
| | | | Change |