L22000452498

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(850) 524-6243 Please use funds from this account: I20210000160: AMOUNT:\$60.00 lantule Authorization Signature: <u>LLC</u> L23000452498 FCEF MANAGER, Document # **BUSINESS NAME** X Certified Copy of Articles X Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** X Amendment Profit Corp Resignation of R.A. Officer/Director Not for Profit Limited Liability Change of Registered Agent or office Dissolution Domestication __Merger Other Conversion CORP **Amended and restated Articles** LLLP Statement of Revocaton of Dissolution **OTHER FILINGS** REGISTERATION/QUALIFICATIONS ___ Foreign filing Annual Report __Limited Partnership Reinstatement Fictitious Name Other APOSTILLE Country

'FLORIDA CAPITAL COURIER SERVICES. INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437

TALLAHASSEE, FL 32309

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	orations	n#				
SHD IFCT.	FCEF M	anager, LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
	Mauricio Rauld					
		Name of Person				
	Premier Law Gro	· · · · · · · · · · · · · · · · · · ·				
		Firm/Company				
	1810 S. El Camino Real, Suite E					
		Address				
	San Clemente, C					
	LAURA@PLGLP	City/State and Zip Code				
	_	to be used for future annual report notif	fication)			
For further information cor	ncerning this matter, please c	ali:				
Mauricio Rauld			258-2339			
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:				
Registration Se	ection	Registration Sec				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECEE Manager LLC

FILED

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(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company) ARY OF STATE		
The Articles of Organization for this Limited Liability Company w	10/20/2022 125EE. FL		
Florida document numberL22000452498			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	529 East Crown Point Road		
Principal office address MUST BE A STREET ADDRESS)	Suite 230		
	Ocoee, Florida 34761		
Enter new mailing address, if applicable:	529 East Crown Point Road		
Mailing address MAY BE A POST OFFICE BOX)	Suite 230		
	Ocoee, Florida 34761		
B. If amending the registered agent and/or registered office adengent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the new regist		
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City Zin 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 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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
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<u>te:</u> If the c	e, if other than the date of filing: te is listed, the date must be specific and ca ate inserted in this block does not me fective date on the Department of Sta	et the applicable	ate of filing or mo e statutory filing	(option (option) (opt	onal) filing.) Pursua date will no	ant to 60 of be lis	95.020' sted as
cord speci s filed.	ies a delayed effective date, but not a	n effective time.	at 12:01 a.m. or	n the earlier of: (b) The 90th	day aft	er the
ed	March 16	2023	•				
_	Signature of a the	auld mber or authorize	ed representative of	of a member			
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