L22000503820

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| wmils |
| Office Use Only |



500419638985

12/05/23~-01012--019 **25.00

COVER LETTER

| TO: Registration Se Division of Cor | | • | ,e |
|--|---|---|--|
| subject: <u>R</u> A | Jama Consul Name of Limi | ted Limitity Company | · · |
| The enclosed Articles of | Amendment and fec(s) are sub- | mitted for filing. | |
| Please return all correspo | endence concerning this matter | to the following: | |
| | hovely | Philosene Name of Person | · |
| | ELIM | Firm/Company | |
| | 19392 Co | ROLNA CIR | |
| | | City/State and Zip Code PRISS GAMAN Code To be used for filter administration notified. | ncation) |
| For further information e | oncerning this matter, please ca | all: | |
| hovely Phi Name o | 165cne f Person | at (<u>954</u>) <u>441 - 7</u> Area Code Daytime | e 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 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

| LATAMA CONSI | ulting bhc |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records. Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200503820</u> . | were filed on $\frac{11/30/2022}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| ECYM VENTURES LLC The new name must be distinguishable and contain the words "Limited Liabil | |
| The new name must be distinguishable and contain the words "Limited Liabil | |
| Enter new principal offices address, if applicable: | 19392 Creativa Cia Boca Ratow &C 33494 |
| (Principal office address MUST BE A STREET ADDRESS) | Baca Ratow &C 33494 |
| | , |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same as office address |
| | |
| | (J) (1 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the newaregistered</u> نِبَ |
| Name of New Registered Agent: ELYM | ENTERPRISES 1/c & |
| New Registered Office Address: P635 | 118th trail S |
| Boca | Enter Florida street address Color |
| | |

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:

| | Manager - Authorized Member | | |
|--------------|--------------------------------|---|------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MBR | Rotema Entemplises | 5174 M SIST CF | □Add |
| | , | Coconut Creck th | |
| | | 33613 | Change |
| AP | Cossapul Chrustopha | 19655 118th FAAILS Boca Rabon RL 33498 | □ ∧ dd |
| | O , | Boes Rabon &C 33498 | Remove |
| | | | □Change |
| AP | Jean, Rose Emeline | 19655 118th FRAILS | □Add |
| | | Boca Raton, l1, 33498 | Remove |
| | | | □Change |
| MBR | Philosene Lovely | 19655 118th tapil S | |
| | , , | Boca Rator, AL 3349 | } □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |

Page 2 of 3

| _ | |
|-----------|---|
| | |
| _ | |
| - | |
| | |
| | |
| | |
| - | |
| | |
| | |
| _ | |
| - | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| | |
| - | · · · · · · · · · · · · · · · · · · · |
| _ | |
| | |
| ecti | ive date, if other than the date of filing: (optional) ective 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 605.020 |
| <u>e:</u> | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| um | ent's effective date on the Department of State's records. |
| | |
| | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier in 90th day after the record is filed. |
| | 4 4 |
| ed . | November 30th, 2023. |
| | Patt |
| | Signature of a member or authorized representative of a member |
| | Signature of a memora of authorized representative of a memor |
| | |