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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/19/23

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: ECHO 360 LLC. Name of Limi	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	-
,	
Moncoe	S. ECOS+ III Name of Person
ECHO	360 LLC Firm/Company
4160 0	vail nest In.
new Smyr	Na Beach, FL 32168 City/State and Zip Code
FOKOU 93	o be used for future annual report notification)
For further information concerning this matter, please ca	
Name of Person	at (<u>386)</u> <u>576-4331</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gertified Copy (additional copy is enclosed) Gertified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECHO 360 L	_L_C						
(Name of the Limited Liabi (A Florid	lity Company ia Limited Lia	as it now a bility Comp	ppears on our any)	r records.)			
The Articles of Organization for this Limited Liability (Florida document number <u>L23000229</u>		ere filed o	n <u>5}9</u>	23	an	ıd assig	jned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	nited liabili	ty compai	u <u>y here</u> :				
The new name must be distinguishable and contain the words "Lin	mited Liability	Company."	the designation	on "LLC" or the	abbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	RESS)						
						3	
					***	دی <u>ه</u> دی ۳۱۰	
Enter new mailing address, if applicable:					2.2	~ <	144
(Mailing address MAY BE A POST OFFICE BOX)					AS S	7	
				<u> </u>		PH	110
					FIA	լ։ լ	O
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		dress on o	our records,	enter the n	ame of th	e Be W	<u>registere</u>
agent annot the new registered office address nere.	•						
Name of New Registered Agent:							
			 				
New Registered Office Address:		Ente	r Florida stree	t address			
				F1			
		Cıŋ·		Florida	Zıp (Code	
New Registered Agent's Signature, if changing Register	ed Agent:						
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete p agent as pr red office a	erformand ovided for	e of my du in Chapter	ties, and Lai • 605, F.S. C	m familia Dr, if this	r with docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

Wamenaing 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
MGR AMBR	Monroe S. Ernst III	I 4160 Quail nest In	
		New Smyrna Beach, F	<u>-L</u> □Renюve
		32168	
			🗆 Add
			□Renюve
			🗆 Change
			□Add
			□Remove
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Note:	five date, if other than the date of filing: 5/9/2023 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 16 . 2023. Munic Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00