

# L23000295875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

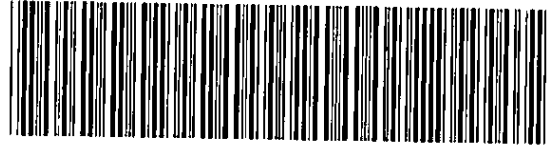
(Business Entity Name)

(Document Number)

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2023 DEC 14 AM 9:42  
TALAHASSEE, FLORIDA  
SECRETARY OF STATE

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2023 DEC 14 PM 2:01  
TALAHASSEE, FLORIDA  
SECRETARY OF STATE

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Echo Thrive LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zalman Zahavi  
\_\_\_\_\_  
Name of Person

Echo Thrive LLC  
\_\_\_\_\_  
Firm/Company

19569 NE 10th Avenue  
\_\_\_\_\_  
Address

Miami, Florida 33179  
\_\_\_\_\_  
City/State and Zip Code

shefasupply@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Z. Zahavi  
\_\_\_\_\_  
Name of Person

786 567-3526  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime 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)       \$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**

FILED

2023 DEC 14 AM 9:42

Echo Thrive LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2023 and assigned  
Florida document number L23000295875.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shefa Supply LLC

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:

19569 NE 10th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33179

Enter new mailing address, if applicable:

19569 NE 10th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33179

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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



