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## **COVER LETTER**

TO:	Registration Se Division of Cor			. •	•
CHD III	Echo Thriv	e LLC		•	
SUBJE	C1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Zalman Zahavi			
		· · · · ·	Name of Person		
		Echo Thrive LLC			
			Firm/Company		
		19569 NE 10th Avenue			
		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address	<del></del>	
		Miami, Florida 33179			
		shefasupply@gmail.com	City/State and Zip Code		
			to be used for future annual re	port notification)	<del></del>
For furt	her information c	concerning this matter, please c	all:		
Z. Zaha	vi			3526	
	Name o	of Person	at () Area Code	Daytime Telepho	one Number
Enclose	d is a check for the	he following amount:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	88 <u>:</u>	Street Add	lress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Echo Thrive LLC

2023 DEC 14 AM 9: 42

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000295875</u> .	were filed on 06/20/2023 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:
Shefa Supply LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

## New Registered Agent's Signature, it 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 = Mana AMBR = Auth	iger orized Member			
Title	Name	Address	Type of Action	
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Filing Fee: \$25.00