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COVER LETTER

Division of Corpora	tions			
SUBJECT:	Eco Hun	Winy LLC ited Liability Company		
	Name of Lim	ited Ciability Company		
The enclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
		Dylan Front		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dylag Hadde Name of Person				
		, macompany		
_	94.3 ₀	8 Homestood Kd Address		
_	Scclisone	116 FL , 32210		
_	E-mail address: (fact O to horrow, CC to be used for future annual report notif	ication)	
For further information concer				
Dylon Fresh Name of Pers	on	at (384) 204 - O Area Code Daytime	Telephone Number	
Enclosed is a check for the fol	lowing 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:	on	Street Address: Registration Sec	etion	
Registration Section Division of Corporation		Division of Con		
P.O. Box 6327		The Centre of T		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ecc Harman	LLC	
(<u>Name of the Limited Liabif</u> (A Florid	ity Company as it now appears on a a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L 23006379404</u>	Company were filed on Augu	4 11, 2073 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1
		<u></u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		·
	Enter Florida st	reet address
	City	, Florida
	CHT	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Jacob Malone	2456 Green Spring Dr. JAX,	MAdd
		FL, 32246	□Remove
			DChange
AMBR	Samuel Wachs	10763 Clydesdale DrE, Tax, Fl, 32	257 Add
			□Remove
			Change
			🗆 Add
			□Remove
		 	Change
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		· · · · · · · · · · · · · · · · · · ·	□Change
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lfan ef <u>Note:</u>	ive date, if other than the date of filing:	0207 (ed as t
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90 th day after the record is filed.	er of:
Dated	December 19th 2023	
	\mathcal{A}	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00