## L240000 199 35

(Req	uestor's Name)	
(Add	ress)	·
(Add	ress)	
(City,	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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2024 MAR 12 PH 1:51 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SURIECT:	ECW-FL Name of Limi	LLC	
Sobster.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Talor	Za+rir Name of Person	
		FL LLC Firm/Company	
	100 L8 W	state rd	8 01
	Navie	Florida 3 City/State and Zip Code orida 9 ma	<u> 3324</u>
	E-mail address: (1	o he used for future armual rep	sort notification)
For further information c	oncerning this matter, please ca	all:	
	Zetrir	at ( <u>954</u> ) Area Code	SUN YOU   Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section		on Section
Division of C P.O. Box 632	-		of Corporations re of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECW-FL L	-LC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	~
The Articles of Organization for this Limited L. Florida document number L2M0000	iability Company were filed on 1/8/2024	and assigned
his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	2024 H
The new name must be distinguishable and contain the ween the new principal offices address, if application of the principal office address MUST BE A STREE	<del></del>	the and reviation LLC.
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or agent and/or the new registered office addre		name of the new registere
Name of New Registered Agent:	Tal-or Zatrir	
New Registered Office Address:	5281 Hancock (d)  Enter Florida street address	
	<u>Southwest Ranches</u> Florid	la

## 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Barale Beleti		
		5281 Hancock rd su + brida 33330	Carcha DRemove
			Change
		<u></u>	
			SECRETARY OF Changes
			DAdd
			□Remove
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			Change
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		<del></del>	□Change
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			□Remove
			□Change

Please remove Barak Belel: as registered agort  and manager from the company ECW-FL LC	
D21 HAR ECRLT TALL	" " <del>ए</del> ग्र
	Lange Annue Annue

E-11 E 635.00