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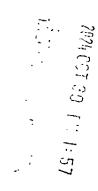
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COVER LETTER

	tration Sec			
SUBJECT:	101 Housing	(, LLC (name change)		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed z	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Marc Douglass		
			Name of Person	
			Firm/Company	
		7020 NW 11th Place		
		-	Address	
		Gainesville, FL 32605		
		mare@whpinc.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notit	ication)
For further info	ormation co	ncerning this matter, please ca	all:	
Mare Douglas	3S		352 494-0644 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fil	ing Fee	S30.00 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)
	ng Address: stration Sc		Street Address: Registration Sec	ction

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

Please see the attached form needed to change the name of my LLC from 101 Housing, LLC, to ECFC. LLC.

Thank you very much,

Marc Douglass 352-494-0644 marc@whpinc.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

101 Housing, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability		and assigned
lorida document number 1.24000023878	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ECFC, LLC		70.7
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere	· · · · · · · · · · · · · · · · · · ·	the name of the new regis
Name of New Registered Agent:	·	· <u> </u>
New Registered Office Address:		
	Enter Florida street addres	s
	, Flo	orida
	City	Zin 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 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
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

					
					
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etive date, if other than the effective date is listed, the date mediate inserted in this had ment's effective date on the I	lock does not meet	t the applicable	e of filing or more th statutory filing req	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605.020 will not be listed a
ord specifies a delayed effecti filed.	ve date, but not an	effective time, a	it 12:01 a.m. on th	e earlier of: (b) Th	ie 90th day after th
Oct 28		2024			
	···	·			
	Ver.	2			
<u> </u>	Signature of a men	iber or authorized	representative of a i	nember	