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COVER LETTER

	al Sales LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Angelica S. Santacruz-Bra	andt		
	ECE Global Sales LLC	Name of Person		
	341 Van Gogh Circle	Firm/Company		
	Ponte Vedra, FL 32081	Address		
	info@eceglobalsales.com	City/State and Zip Code		
		to be used for future annual report notifi	cation)	2024 SE
For further information of Angelica Santacruz-Brai	concerning this matter, please condt	512 415-6319		AUG I CRETA
Name o	of Person	at () Area Code Daytime	Telephone Number	2024 AUG 16 PH IZ: 53 SECRETARY OF STATE TALLAHASSEE, FL
Enclosed is a check for the	he following amount:			: 53 STAT
□ \$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 Stat Certified Copy (additional copy is end	cus &

Mailing Address:

TO:

Registration Section Division of Corporations

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

ECE Global Sales LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SECRE TALL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	, , , , , , , , , , , , , , , , , , ,
		PH IS: SSEE.
Name of New Registered Agent:		FF 53
New Registered Office Address:	Enter Florida street address	1 . 1
	r.mer r tortaa sireet aaaress	
	Florid	
	Citv	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 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>	<u>Address</u>	Type of Action
AMBR	Angelica S. Santacruz-Brandt	341 Van Gogh Circle, Ponte Vedra, FL 32081	□Add
			□Remove
			\BChange
MGR	David L. Brandt	341 Van Gogh Circle, Ponte Vedra, Fl. 32081	□Add
			🖺 Remove
			□Change
			□Add
			Bemove FCR AUG TALL
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Effective date, if other th				(optic	onal) (T	
f an effective date is listed, the c Note: If the date inserted in document's effective date or	this block does not	meet the applica	o date of filing or m ble statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to s date will not be	listed as
e record specifies a delayed of is filed.	effective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day a	after the
August 12		20224				
Dated	0 , 1		- L			
9	wallet X	Acutachi	(Croud)	<u></u>		-
Angelica S Santa	9	member or author	1) ed representative	of a member		-