L24000369825

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TO:

	Registration Se Division of Co					
CLINICA	Obsidian I	ntelligence LLC				
SUBJEC	::	Name of Lim	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Weston McCarroll				
		,	Name of Person			
		Obsidian Intelligence LLC	2			
			Firm/Company			
		4250 Alafaya Trail STE 2	12 #102			
			Address	~-3		
		Oviedo, FL 32765		2024 OCT 31		
			City/State and Zip Code			
		WestMcCarroll@gmail.com				
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information o	concerning this matter, please c	all:	19 တို့ (၁)		
Weston N	McCarroll		561 5689758 at ()			
	Name o	of Person		e Telephone Number		
Enclosed	is a check for t	he following amount:				
■ \$25.0	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 Addres		Street Address:	otion		
Registration Section Division of Corporations			Registration Se Division of Cor			
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Obsidian Intelligence LLC			
(<u>Name of the Lim</u>	ted Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L24000369825	Liability Company	were filed on August 22,	2024 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
Echelon Intelligence LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	14841 Faversham Circle	, Oviedo Florida, 32826
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:		14841 Faversham Circle	, Oviedo Florida, 32826
(Mailing address MAY BE A POST OFFICE BOX)			- <u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new register
Name of New Registered Agent:	Weston McCar	тoli	
New Registered Office Address:	14841 Faversham Circle		
new registered Office Address.		Enter Florida street	address
	Oviedo		
		City	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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effective date is listed, the date must be ee: If the date inserted in this block	specific and cannot be prior to	date of filing or more than 90) days after filing.) Purst ments, this date will n	ant to 605.02 of he listed :
ument's effective date on the Depar	rtment of State's records.			
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record specifies a del <mark>ayed</mark> el he 90th day after the record	is filed.	an enective time, at	12.01 8.111. 011 (1	ie earner
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ed October 15th	2024	. ,		
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Filing Fee: \$25.00