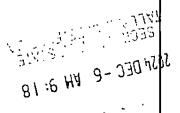
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COVER LETTER

SUBJECT: <u>EC</u>	HIM MIHA Name of Lin	1 LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MIHAI ECHIM Name of Person Firm/Company 13321 Charfield Dt. Address Windermere, FL 34786 City/State and Zip Code mihai. echim & Yahoo. com E-mail address: (to be used for future annual report notification)			
Por further information concerning MIHAI ECHII Name of Person Enclosed is a check for the follows: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S36}} \s		Name of Person	
		Firm/Company	
	13321 Chan	efield st.	
		, 1441	
	mihai. echi	City/State and Zip Code Mahoo. cor	'' 6
For further information of			notification)
MIHAI E	CHIM f Person	at (<u>424</u>) 3	83-0784
(Value o	11000	Mea Couc Da.	value receptione ramber
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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

ECHIM MIHAI			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 24000 420 826</u>	were filed on	3/27/2024	1 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
MIHAI ECHIM LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			2
(Principal office address MUST BE A STREET ADDRESS)		AL I	1024 DEI
		- 구구)EC
		÷.	් ගි
Enter new mailing address, if applicable:			2.
Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
		- : - : - : - : : : : : : : : : : : : :	
		م. م	
B. If amending the registered agent and/or registered office a	ddress on our reco	rds, <u>enter the name</u>	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
<u> </u>	Enter Florida s	strevt address	
		Florida	
	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	Membe

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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<u>te:</u> If ti	date, if other than the or date is listed, the date must the date inserted in this blo is effective date on the Department.	ck does not r	meet the applic	cable statutory f	or more than 90 Iling requirem	(optional) days after filing. ents, this date) Pursuant to 605 will not be liste	.0207 ed as
ecord sp is filed.	ecifies a delayed effective	date, but not	t an effective t	ime, at 12:01 a.	m. on the earl	ier of: (b) Th	e 90th day after	r the
ted	12/04		- 2024 Genio	·				
			W. Ih.					
		Signature of a		orized representa	tive of a membe	<u> </u>		

Filing Fee: \$25.00