

MO4000003289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

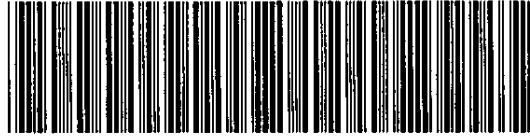
(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECS-FLORIDA, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walid Sobh (attn: Carmen Gonzalez)
Name of Person

ECS-FLORIDA, LLC
Firm/Company

2815 Directors Row, Ste. 500
Address

Orlando, FL 32809
City/State and Zip Code

wsobh@ecslimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen M. Gonzalez at (407) 859-8378
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUL 10 2015
B...

July 2, 2015

ECS-FLORIDA, LLC
CARMEN M. GONZALEZ
2815 DIRECTORS ROW, STE. 500
ORLANDO, FL 32809

SUBJECT: ECS-FLORIDA, L.L.C.
Ref. Number: M04000003289

We have received your document for ECS-FLORIDA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00013964

RECEIVED
15 JUL 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ECS-FLORIDA, LLC

2. The Florida document number of this limited liability company is: M0400000.3289

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 8/13/2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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TALLAHASSEE FLORIDA
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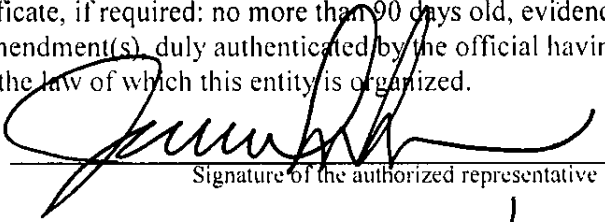
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Walid M. Sobh</u>	<u>2815 Directors Row</u> <u>Ste 500</u> <u>Orlando, FL 32809</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Anthony J. Fiorillo</u>	<u>14026 Thunderbolt Place</u> <u>Ste 600</u> <u>Chantilly, VA 20151</u>	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove
<u>MGR</u>	<u>James C. Hendrickson</u>	<u>2815 Directors Row,</u> <u>Ste 500</u> <u>Orlando, FL 32809</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Miguel Santiago</u>	<u>5317 56th Commerce Park Blvd.</u> <u>Tampa, FL 33610</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESS REGISTRATION

FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

CLIFF HENDRICKSON

Typed or printed name of signee

Filing Fee: \$25.00