

MIS50009578
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: floridagael@gmail.com

2016 SEP -9 P 3: 39
TALLAHASSEE FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EC TRAVEL & SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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SEP 20 2016
D. BRUCE



September 9, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EC TRAVEL & SERVICES LLC
1301 PENNSYLVANIA AVENUE NW, SUITE 500
WASHINGTON, DC 20004

SUBJECT: EC TRAVEL & SERVICES LLC
REF: M15000009578

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Wrong form. Please complete the foreign amendment form.

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.

Daborah Bruce
Regulatory Specialist II

FAX Aud. #: H16000223646
Letter Number: 116A00019093

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

(((H16000223646 3)))

TO: Registration Section
Division of Corporations

SUBJECT: EC TRAVEL & SERVICES 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:

ARIEL PEREDA

Name of Person

EC TRAVEL & SERVICES LLC

Firm/Company

121 ALHAMBRA PLAZA, SUITE 1110

Address

CORAL GABLES, FL 33134

City/State and Zip Code

floridaariel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIEL PEREDA

Name of Person

at (305) 790-3604

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

CR2E055 (9/15)

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 TALLAHASSEE, FLORIDA
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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: EC TRAVEL & SERVICES LLC

Enter new principal office address, if applicable: 121 ALHAMBRA PLAZA SUITE 1110 CORAL GABLES, FL 33134

Enter new mailing address, if applicable: 121 ALHAMBRA PLAZA SUITE 1110 CORAL GABLES, FL 33134

2. The Florida document number of this limited liability company is: M15000009578

3. Jurisdiction of its organization: DISTRICT OF COLUMBIA

4. Date authorized to do business in Florida: NOVEMBER 30TH, 2015

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

5. New name of the limited liability company: NO CHANGES (must contain "Limited Liability Company," "L.L.C." or "LLC.")

NO CHANGES (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 officer 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: NO CHANGES

New Registered Office Address: 121 ALHAMBRA PLAZA, SUITE 1110 CORAL GABLES, Florida 33134

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

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

NO CHANGES

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

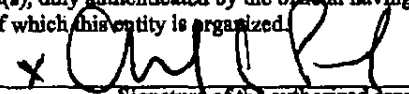
NO CHANGES

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>RICARDO A HERRERO</u>	<u>121 ALHAMBRA PLAZA, SUITE 1110</u>	<input type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>ARIEL PEREDA</u>	<u>121 ALHAMBRA PLAZA, SUITE 1110</u>	<input type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>JAMES WILLIAMS</u>	<u>121 ALHAMBRA PLAZA, SUITE 1110</u>	<input type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 SHIRLEY HASSLER
 FALL/HASSELER, FLORIDA

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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

ARIEL PEREDA

Typed or printed name of signer

Filing Fee: \$25.00

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