

L096000 20191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

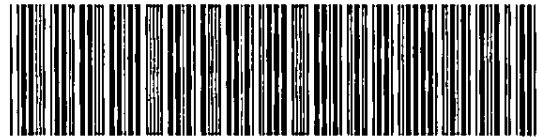
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 OCT 30 PM 1:35
K. SALY

K. SALY
OCT 31 2017

Shipping Request Form



PLEASE PRINT CLEARLY

TODAY'S DATE
NAME
EMAIL
EXT

SEND TO:

COMPANY#
COMPANY
CONTACT NAME

DOMESTIC SHIPPING SERVICE

When does your package need to arrive?

Please specify date:

Thank you for allowing us to choose the appropriate shipping method.

*Saturday delivery not available to all destinations

ADDRESS

PHONE

SHIPPING NOTES:

ADDITIONAL SMALL CARRIER SERVICES

Insurance \$
 Printed Return Label
 Adult Signature Required
 Other

Incomplete forms may delay shipping and require routing back to the requestor.

Any questions, Contact your local Shipping & Receiving Department. Thank you for your cooperation!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2017 OCT 30 PM 1:36
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ECONDOSYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 26, 2017 and assigned Florida document number L09000020191.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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) _____

B. 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

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> | <u>Type of Action</u> |
|--------------|----------------------|---------------------|---|
| MGR | Roman Teleman | 28925 Fountain Pkwy | <input checked="" type="checkbox"/> Add |
| | | Solon, OH 44139 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Christopher Zlatoper | 28925 Fountain Pkwy | <input checked="" type="checkbox"/> Add |
| | | Solon, OH 44139 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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