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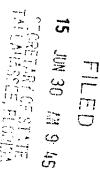
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EFFECTIVE DATE

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CUYEK LETTEK

	Registration Sec Division of Corp		Ar w
SUBJECT	T: 7EC/	YNI - TRAI	NSFERS LLC
		Name of Li	mited Liability Company
The enclo	sed Articles of A	Amendment and fee(s) are su	bmitted for filing.
Please ret	urn all correspoi	ndence concerning this matte	r to the following:
		NICOLAS	SALDARRIAGA Name of Person
		TECHNOT -	Firm/Company
		701 S	HOWARD AVE STE 106205
		TAMPA	FL 33606 City/State and Zip Code LET @ 6/MAIL. COM (to be used for future annual report notification)
		ROTO BULL E-mail address:	(to be used for future annual report notification)
For further	er information co	oncerning this matter, please	call:
NIC	Name of	SALDIA RRIAL Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	e following amount:	
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	МАП.І	ING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section	Registration Section
		ox 6327	2661 Executive Center Circle
			Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	
Florida document number 4/50000	<u>8</u> 8002
This amendment is submitted to amend the following:	; ;
A. If amending name, enter the new name of the li	<u>mited liability company here</u> :
ECO - ASCES	-S LLC
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)
Enter new mailing address, if applicable:	· •
(Mailing address MAY BE A POST OFFICE BOX)	
	4
registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new ddress here:
New Registered Office Address:	·
	Enter Florida street address
-	City Zip Code
New Registered Agent's Stornature, if changing Registe	red Agent: 38 FT
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the local complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability of the confirmation o
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
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ote: I	e date, if other than the date of filing: 6 - 30 - 20/5 (optional ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date's effective date on the Department of State's records.	ng.) Pursuant to 605.0207 (3
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m 0th day after the record is filed.	. on the earlier of:
ated _	,	3.7 5
	2000/00	
	Signature of a prember or authorized representative of a member	
	Signature of prember or authorized representative of a member	ASSEE, PL

Page 3 of 3

Filing Fee: \$25.00