Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ELO ENTERPRISES, INC Account Name

Account Number : I20150000109 Phone

: (561)544-8862

Fax Number

: (954)697-0130

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PJG IMPORTERS, LLC

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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJG IMPORTERS, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited	ny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L21000146878	iability Company	were filed on 03/30/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
EcoDuo, LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able: '	N/A	
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:		address on our records, enter the na	me of the new Resistered FILED AHASSEE
New Rogistered Villee Address.		Enter Florida street address	S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		, Florida _	
		City	Tap Code 🗲
New Registered Agent's Signature, if changing	Registered Agent		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is
	If Cha	nging Registered Agent, Signature of New R	legistered 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>	Name	Address	Type of Action
		N/A 	□Add
			□Remove
			☐ Change
			□Add
		·	□Remove
		·	☐ Change
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