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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:	, Registration Section Division of Corpora				
SUBJ	JECT:	ECOAquation Name of Lim	ited Liability Company		
The en	nclosed Articles of Amo	endment and fee(s) are sub	mitted for filing.		
Please	e return all corresponde	nce concerning this matter	to the following:		
		Debra	L. GAMU Name of Person	<u>-</u>	
	-		Firm/Company		
	-	1811 R	hayshore Rd		
	,	Nokon	Address IIS, FL 34275 City/State and Zip Code		
		•	City/State and Zip Code Code	Cation)	
For fu	orther information conce	erning this matter, please ca	all:		
	Debbie au	Amer	at (941) 223 Area Code Daytime	子	T
Enclo	Name of Per sed is a check for the fo		Area Code Daytime	Telephone Number A 22 P	IL ED
		\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	بب ﷺ — \$60.00 Filing Feer	
Ψ ²	os.so i mig i co	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EcoAquati	cs, LLC
(<u>Name of the Limited Liab</u> ety Compar (A Florida Limited L	y as if now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L06 0000 520 83</u> .	were filed on May 19, 2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Debra Garner 1811 Bayshure Rol Nokomis, FL 34275
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: Fran	k E. Gangi
New Registered Office Address: 72	Enter Florida street address
	-So +A , Florida 34 240 City , Florida Zip Gode
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

	Authorized Person(s) authorized to man rom our records:	age, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	ηager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
marm	GAMER Enterprises, INC	1811 Bayshore Rd Nokomis, FL 34275	🗆 Add
		Nokomis, FL 34275	Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
		-سم ً	Remove
			Add O
			Change
			🗆 Add
			□ Remove
			Change

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fectiv	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and 's effective date on the Department of State's records.
ocume	The seriective date on the Department of State s records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ine :	90th day after the record is filed.
ated _	April 17, 2016.
	Signature of a member or authorized representative of a member
	Debra L. Garner, Marin

Page 3 of 3

Filing Fee: \$25.00