## 107000127/19

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D. BRUCE

OCT 15 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: G&G e		ited Liability Company)	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Paola Galacho	(Name of Person)	
		,	
	SP FUSION	(Firm/Company)	
	13675 NE 20th. Ave.	(tuni company)	08 SECF TALL
		(Address)	OCT WIAS
	North Miami Beach FL 3	3181	RY C
		(City/State and Zip Code)	TILED ARY OF STATASSEE, FLORID
For further information of	concerning this matter, please c	eall:	ATE ARIDA
Paola Galacho		at (_786 _) 317-0190	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	the following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	JNG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	IV as it now appears on our re-	oords \
(A Florida Limited Li	iability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000127119</u>	were filed on December 26th	n of 2007 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:	
SP FUSION LLC OR IN CASE THAT NOT AVAILABLE PLEA	ASE USE: ECO LLC.	S TA
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the des	ignation Hich or the abbreviation
Enter new principal offices address, if applicable:	13675 NE 20th. Ave. North	Miami Beach. FL 33181.
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13675 NE 20th. Ave. North	ORIDA
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:  New Registered Office Address:	g:	s, enter the name of the nev
	, 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 608, 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 aftending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	. Name	Address	Type of Action
MGR	Paola Galacho	13675 NE 20th. Ave. North Miami Beach. FL 33181.	Add Remove
MGRM NCE M	Sergio Luna	13675 NE 20th. Ave. North Miami Beach. FL 33181.	Add Remove
SECR.	Paola Galacho	13675 NE 20th. Ave. North Miami Beach. FL 33181.	Add Remove
			Add Remove
			Add Remove
<del></del>			AddRemove
D. If ar	,	nge(s) here: (Attach additional sheets, if necessary in the company is organized is to engage in Diferent is	
	The Company shall have all the powers g	cation of its members, exchanging services and g	608 T
	the State of Florida.		<b>₽</b> 7
Dated <u>C</u>	Signature of a mem	ber or authorized representative of a member	<del></del>
	Typ	ped or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00