## L08000019434

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SECRETARY OF STATE DIVISION OF CORPORATION

09 MAR 13 AH II: 28

T. HAMPTON

MAR 1 6 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations .	••	
SUBJECT: ECOBF	ROKERS, "LLC" (Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALFONSO CARDOSO		
		(Name of Person)	
		(Firm/Company)	
	6447 MIAMI LAKES DR	<del></del>	
	MIAMI LAKES, FL 33014	(Address)	
	1111/11/11 27/12/0001	(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	٠.
JORGE PULIDO		at ( 786 ) 325-0957	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
<b>△</b> \$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)
MATI	INC ADDRESS.	STREET/COUDIER	ADODECC.

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 ARTICLES OF ORGANIZATION **OF**

ECOBROKERS, "LLC"					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears o Liability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on		and assig	gned
Florida document number L08000019434					
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:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company	," the designation "LL	C" or the ab	•
Enter new principal offices address, if applic	able:	10 ARAGON AVE	# 1213	09	<u>N</u>
(Principal office address MUST BE A STREE	T ADDRESS)	CORAL GABLES,	FL 33134	HA	SCR.
					PAT.
Enter new mailing address, if applicable:		SAME		3 AMI	CORPOR CORPOR
(Mailing address MAY BE A POST OFFICE BOX)				28	ATIONS
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address her	<u>e</u> :	r records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:	PULIDO JORO	GE			
New Registered Office Address:	10 ARAGON				
		(Ente	r Florida street addr	ess)	
	CORAL GABL	.ES	, Florida <u>3313</u>	34	
		(City)	<del></del>	(Zip Code,	)
Now Degistered Agent's Signature if shanging I					

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 II hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	nger Inaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	PULIDO ALEJANDRA	601 NE 36th ST STE 2608 MIAMI, FL 33137	● Add ■ Remove
MGR	PULIDO JORGE	10 ARAGON AVE #1213 CORAL GABLES, FL 33134	Add Remove
			<b></b> Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF C 09 MAR 13
	2000		RY OF STATE CORPORATIONS  3 AM II: 28
Dated MARCH	Signature of a member of	or arthorized representative of a member	
-	Typed o	or printed name of signee	

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Filing Fee: \$25.00