

LO9000071077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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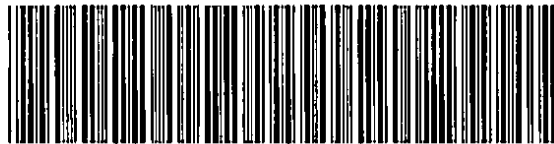
(Business Entity Name)

(Document Number)

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NOV 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECO TEAM LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE S. BOFILL  
Name of Person

ECOTEAM LLC  
Firm/Company

11220 SW. 67 AVENUE  
Address

MIAMI FL. 33156  
City/State and Zip Code

JORGE @ BOFILL LAW.COM  
E-mail address: (to be used for future annual report notification)

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2018 NOV -8 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JORGE J. BOFILL, ESQ. at (305) 374.6665  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

**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**

**ECO TEAM LLC**

(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 Company were filed on 7/23/2009 and assigned  
Florida document number L090000071077

This amendment is submitted to amend the following:

v. If amending name, enter the new name of the limited liability company here:

**ECOTEAM LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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2009 NOV -8 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JORGE J BOFILL, ESQ.

New Registered Office Address:

66 W. FLAGLER ST. SUITE 500

Enter Florida street address

MIAMI

City

Florida

33130

Zip Code

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>NICOLAS A. BOFILL</u>	<u>11220 SW. 67 AVE MIAMI 33156</u>	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>MGR</u>	<u>JACQUELINE S. BOFILL</u>	<u>11220 SW. 67 AVE MIAMI 33156</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>MBR</u>	<u>JACQUELINE V. BOFILL</u>	<u>11220 SW. 67 AVE MIA.</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
JANET M. HARRIS, CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2018 NOV - 8 AM 8:56  
DEPARTMENT OF STATE  
HARRISBURG, PA 17105

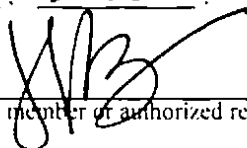
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated SEPT. 12, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JACQUELINE V. BOFILL  
\_\_\_\_\_  
Typed or printed name of signee