

LO9000074834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

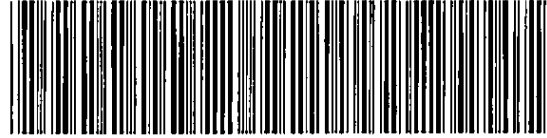
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700407370517

01/25/2003 11:43 AM

2003 JAN 26 AM 11:43
STATE
FILE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECOGATION, 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:

Haydn Cano

Name of Person

Ecogation, LLC

Firm/Company

2730 NE 167th Ave

Address

Williston, FL 32696

City/State and Zip Code

haydnmorgan13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haydn Cano

352 304-1398
at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007-07-26 11:11:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ecogation, 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 August 2009 and assigned
Florida document number L09000074834.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2730 NE 167 Ave

Williston, FL 32696

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2730 NE 167 Ave

Williston, FL 32696

B. 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:

Haydn Cano

New Registered Office Address:

2730 NE 167 Ave

Enter Florida street address

Williston

City

Florida 32696

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 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

[illegible]

[illegible]

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.

Dated 04/18/2023 5:00 pm

Shannon Cole
Typed or printed name of signee

Filing Fee: \$25.00