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SECRETARY OF STATE

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COVER LETTER

	egistration Se ivision of Cor			
	Eco Constru	action Group		
SUBJECT	`;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Robert P. Rhodes		
			Name of Person	
		Eco Construction Group L	LC.	
			Firm/Company	
		1224 N. Donnelly Street		
			Address	
		Mount Dor FL, 32757		
			City/State and Zip Code	
		br@ecoconstructionIIc.com	to be used for future annual report notific	
e e a			·	canon)
For Jurther	miormation co	oncerning this matter, please ca	all:	
Robert P. F	Rhodes		352 504-0346	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Construction Group

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

e Articles of Organization for this Limited Liability Company were filed on L09000120798 Is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	abbreviation "L.L.C."	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)		
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ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office address on our records, ente	r the name of the	
istered agent and/or the new registered office address here:		
Name of New Registered Agent:	_ _	
New Registered Office Address:		
Enter Florida street address		
Florido		
	Zip Code	
v Registered Agent's Signature, if changing Registered Agent:	-	
ereby accept the appointment as registered agent and agree to act in this capacity. I further a		

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

If ameading 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>	Address	Type of Action
VP	Jamie D Harris		
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Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member Robord P. Rhodos
	Signature of a member or authorized representative of a member
	Robord P. Rhodes Typed or printed name of signee
	What Palace

Page 3 of 3

Filing Fee: \$25.00