

L10000056280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUL 12 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EKOTRADE INTERNATIONAL EXPORTS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA ISABEL ZAPATA

Name of Person

Firm/Company

630 85<sup>th</sup> Street, Suite 106

Address

Miami Beach, FL, 33141

City/State and Zip Code

info@ekotradeinternational.com

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

For further information concerning this matter, please call:

MARIA ISABEL ZAPATA

Name of Person

at ( 305 )

5825695

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
10 JUL 12 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**EKOTRADE INTERNATIONAL EXPORTS, 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 MAY 25TH 2010 and assigned  
Florida document number L10000056280

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 end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

630 85th street, Suite 106

MIAMI BEACH, FL, 33141

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

630 85th street, Suite 106

MIAMI BEACH, FL, 33141

**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:**

MARIA ISABEL ZAPATA

**New Registered Office Address:**

630 85th street, Suite 106

*Enter Florida street address*

MIAMI BEACH

Florida

33141

*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.*

*ka Zapata*  
**If Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
10 JUL 12 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|----------------------|---|--|
| MGR          | COURTYARD MARKET LLC | 2875 NE 191ST STREET<br>SUITE 400A<br>33180 AVENTURA FL | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | MARIA ISABEL ZAPATA  | 630 85th street, Suite 106<br>MIAMI BEACH, FL 33141     | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 2ND, 2010

*Maria Isabel Zapata*

Signature of a member or authorized representative of a member

MARIA ISABEL ZAPATA

Typed or printed name of signee

FILED  
 19 JUL 12 AM 9:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA