

L10000076519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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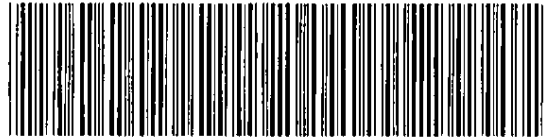
(Business Entity Name)

(Document Number)

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2023 JUN 21 PM 1:04

A. PARISHANI

AUG 06 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ECOPRESERVE 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:

OSCAR A. VARGAS

Name of Person

ECOPRESERVE LLC

Firm/Company

409 FERN LAKE DRIVE

Address

ORLANDO, FL 32825

City/State and Zip Code

ADMIN@ECOPRESERVE.NET

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

For further information concerning this matter, please call:

OSCAR A. VARGAS

407

927-1224

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

2023 JUN 21 PM 1:04

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

ECOPRESERVE LLC

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

2023 JUN 21 PM 1:04

The Articles of Organization for this Limited Liability Company were filed on 07/21/2010 and assigned
Florida document number L10000076519.

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:

409 FERN LAKE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32825

Enter new mailing address, if applicable:

409 FERN LAKE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32825

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:

OSCAR A. VARGAS

New Registered Office Address:

409 FERN LAKE DRIVE

Enter Florida street address

ORLANDO

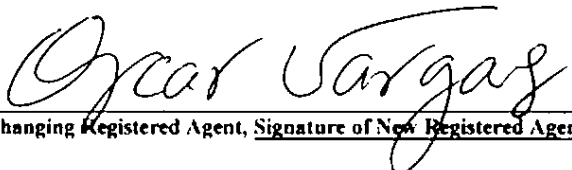
City

Florida 32825

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

If 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>
AMBR	OSCAR A. VARGAS	409 FERN LAKE DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDER J. STONE	530 E. CENTRAL BLVD. SUITE 1004	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALEXA STONE LLC	530 E CENTRAL BLVD, STE 1004	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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11:12
P11
04

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

2023.07.12 P11:04

E. 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.

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

Dated JUNE 15, 2023

Gregory J. Stos
Signature of a member or authorized representative of a member

ALEXANDER J. STONE

Typed or printed name of signee

Filing Fee: \$25.00