L12000017489

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
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08/29/16--01050-026 #U\$ 25.00

COVER LETTER

Division of Co	o Building System, LLC.		
SUBJECT:		nited Liability Company	·
		est.	•
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jerry Gillman		
	<u> </u>	Name of Person	• •
	Innova Eco Building Syste	em, LLC.	•
		Firm/Company	
	3300 NW 110th Street		
		. Address	
	Miami, Fl 33167		
	The same of the sa	City/State and Zip Code	·
	jerry@innovaebs.com	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co		
Jerry Gillman	·	305 455 7707 at ()	. '
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Innova Eco Building System, LLC.	,	<u>·</u>
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
he Articles of Organization for this Limited Liabili		
lorida document number L12000017489		
his amendment is submitted to amend the following		
. If amending name, enter the new name of the	limited liability company here:	
J/A		
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AL	DDRESS)	
		<u> </u>
		76
nter new mailing address, if applicable:	N/A	
Aailing address MAY BE A POST OFFICE BOX	7	S. N.
numing unaress mai be a 1 057 0111CE box	<u> </u>	
. If amending the registered agent and/or re	agistared office address on our	records enter the name of the
egistered agent and/or the new registered office a		records, enter the manie of the r
		
Name of New Registered Agent: N/	'A	
New Registered Office Address:		
	Enter Florida str	reet address
		, Florida
	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 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 cach person being assess or removed from our records:

MGR ≈ Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eracon Investments LLC	3449 NE 1st Way #108, Míami Flo	■ Add
			Remove
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	•		Remove
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ective date, if other than the effective date is listed, the date in serted in this liment's effective date on the	olock does not me	eet the applica	o date of filing or ble statutory fil	more than 90 day ing requiremen	(optional) ys after filing.) Puts, this date wil	ursuant to	o 605.0 Histed
ecord specifies a delayers se 90th day after the re		ate, but not	an effective	e time, at 12	:01 a.m. on	the e	arlier
d August 15		2016					
. /)			
				ve of a member			-

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Filing Fee: \$25.00