## 112000125079

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K. SALY EXAMINER

SEP 12 -

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 285595 8102747				
AUTHORIZATION : June 10 80				
COST LIMIT : \$ 25.00				
ORDER DATE : September 9, 2016				
ORDER TIME : 10:34 AM				
ORDER NO. : 285595-005				
CUSTOMER NO: 8102747				
CHANGE OF AGENT				
NAME: ECO-LIFE GROUP, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Courtney Williams EXT# 62935				

EXAMINER:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ECO-LIFE GROUP, 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 I Florida document number L12000125079	iability Company were filed o	on 10/01/2012	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability compa	ny here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if appli-	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		WALE COMMENTS OF THE STREET, T		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		· · · · · · · · · · · · · · · · · · ·	
			·	
B: If amending the registered agent and registered agent and/or the new registered of	<b>.</b>	ss on our records, enter	the name of the nev	
Name of New Registered Agent:	CORPORATION SERVIC	E COMPANY		
New Registered Office Address:	1201 HAYS STREET			
The state of the s	Enter Florida street address			
	TALLAHASSEE	, Florida <sup>32.</sup>	301	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agree to act in	this capacity. I further agi	ree to comply with the	

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.

Courtney Williams Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:			
MGR = Manager AMBR = Authorized Member		Address  Address  Manage, enter the title, name, and address of each person being added  Address  Address		
<u>Title</u>	<u>Name</u>	Address SLCAE JARY DE C	Type of Action	
		Address SLONE TARY OF STATE FLORID.	Add	
			Remove	
			☐ Change	
			🗆 Add	
			☐ Remove	
			Change	
<del></del>				
			Remove	
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		***************************************	Add	
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			Change	
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			Change	

. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) of the the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective The 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated August 31	77
Signature of	f a member or authorized representative of a member
	/
ANTHONY ROBINSON, CORPO	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00