## 12000/36888

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF

K.SALY EXAMINER JUN 25 2013

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	<u> </u>	LET LLC ted Liability Company	<del></del>
The enclosed Articles of Articles	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	MAT	THAS WOLF Name of Person	
	<u>U</u> S 7	ECH LED LLC Firm/Company	
	9128	STRADA PLACE Address	Suite 10115
		S FL 34108 City/State and Zip Code	3
	E-mail address: (t	ECH SOPPLY CO 6 Co be used for future annual report notification	FMAIL. COM
For further information con	cerning this matter, please ca	all:	
CITEIS Name of P	SLEBIO DA erson	at (716) 480 - 122 Area Code & Daytime Te	elephone 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)	Q\$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

ARTICLES OF O	RGANIZATION File
OI	RGANIZATION FILED
(Name of the Limited Liability Compan (A Florida Limited Li	Y as it now appears on our records.
	I I
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>L 12000 136888</u>	
	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ECOTECH SUPPLY O	OMPANY LLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	
Enter new principal offices address, if applicable:	9128 STRANA PLACE STE 10115
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34108
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

Zip Code

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>	Address	Type of Action
MGRH	RODUEY SLEBICIA	6610 ESTERO BLUD# 272	Add
		FORT MYERS BEACH, FL 339	Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
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		<u> </u>		N	100	-	···-
		Signature	of a membe	r or auth	orized representativ	/e of a member	
			Typed	UAS I or print	ed name of signee	_	
				Page	e 3 of 3		