L13000044890

(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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21 AUG -9 PH 3: 33

COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT:	ecoGENE	SIS, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		Pamela Fetterman		
		Name of Person		
		ecoGENESIS, LLC		
		Firm/Company		
		PO Box 20376		
		Address	·	
		Sarasota, FL 34276		
		City/State and Zip Code		
	E mail addrace (ptetterman@ecogenesislle.c to be used for future annual re		
For further information co	ncerning this matter, please ca		port nouncumon	
Pamela Fetterman		941 at ()	321-8107	
Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ecoGENESIS, LLC

21 AUG -9 PH 3: 33

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) March 20, 2013 The Articles of Organization for this Limited Liability Company were filed on __ and assigned L13000044890 Florida document number 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 "LLC." 2706 Grafton Street Enter new principal offices address, if applicable: Sarasota, FL 34231 (Principal office address MUST BE A STREET ADDRESS) PO Box 20376 Enter new mailing address, if applicable: Sarasota, FL 34276 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida ___

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.

Cirv

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 21 AUG -9 PH 3: 33 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Remove
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			□ Change

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