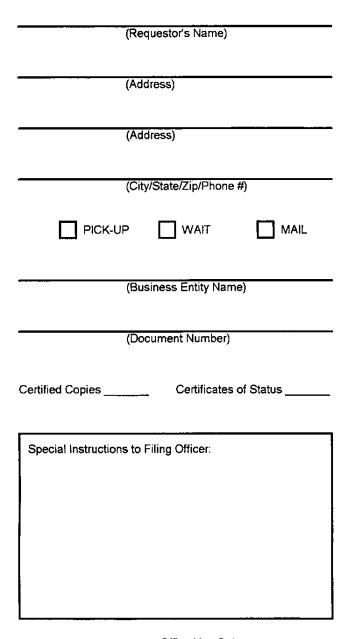
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco-Evolutions, 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:

Frances Grinstead

Name of Person

Eco-Evolutions, LLC

Firm/Company

1809 East Broadway St. Suite 346

Address

Oviedo, Florida 32765

City/State and Zip Code

Frances.Grinstead@eco-evolutions.com

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

For further information concerning this matter, please call:

Frances Grinstead

at (407) 963-2956

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eco-Evolutions, LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company))	
The Articles of Organization for this Limited L	iability Company	were filed on August 12, 201	3 and ass	igned
Florida document number L13000113205	5			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the designation	on "LLC" or the a	ıbbreviatio
Enter new principal offices address, if applie	cable:	1809 East Broadway Str	reet	
(Principal office address MUST BE A STREE	0.11.010			
		Oviedo, Florida 32765		
			200	
Enter new mailing address, if applicable:		1809 East Broadway Str	reet 🚆	,
(Mailing address MAY BE A POST OFFICE BOX)		Suite 346	22 SS	i
		Oviedo, Florida 32765		`
			75	
B. If amending the registered agent and			er the name-o	f the nev
registered agent and/or the new registered o	ffice address her	<u>e</u> :		
	Frances C	Princtoad		
Name of New Registered Agent:				
New Registered Office Address:	1809 East	t Broadway Street, Suite 3		
		Enter Florida street		
	Oviedo		32765	
		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 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.

f Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name **Address** Nick Levy 1704 Wild Indigo Terrace **MGR** Oviedo, Florida 32766 Remove Remove Remove Remove Remove Remove

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted <u>[</u>	Acres 1
ited <u>[</u>	Signature of a member of authorized representative of a member Frances Grinstead

Page 3 of 3

Filing Fee: \$25.00

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