## L14000105410

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## 300284217303 L14-105410 Amend

04/07/16--01022--018 \*\*30.00



APR -8 2016 N. CAUSSEAUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ECOSUN FLORIDA 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:
• • •
MARTIN KNIEZEK Name of Person
Name of Person
ECOSUN FLORIDA LLC Firm/Company
4832 SW 24TH PL Address
Address
CAPE CORAL, FL 33914  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARTIN KNIEZEK at (239) 785 6959  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
<b>.</b> -
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional

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 SYN (Name of the Limite	LORIDA LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)							
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on 07 02 20 14 and assigned							
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liability company here:							
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."							
Enter new principal offices address, if applica	ible:							
(Principal office address MUST BE A STREET								
Enter new mailing address, if applicable:	755 TO TO THE TOTAL							
(Mailing address MAY BE A POST OFFICE E	30X) 75 =							
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:	MARTIN KNIEZEK 4832 SW 24TH PL							
New Registered Office Address:	4832 SW 24 <sup>TH</sup> PL  Enter Florida street address							
	CAPE CORAL, Florida 33914							
New Degistered Agent's Signature if changing D.	onistared Agents							

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

NIA

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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ective date, if other than the date of filing: _ effective date is listed, the date must be specific and car te: If the date inserted in this block does not meet tument's effective date on the Department of State	not be prior to date of the applicable stati	filing or more than 90 da	(optional) ys after filing.) Pursua nts, this date will no	nt to 605.0207 t t be listed as t
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record specifies a delayed effective date he 90th day after the record is filed.	e, but not an eff	fective time, at 12	2:01 a.m. on the	e earlier of
red 3rd APRIL , 3	2016.			
Mass.	Mu			

Page 3 of 3

Filing Fee: \$25.00