

02/10/2033 07:50

#1319 P.001/004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ECUMAT, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

K. SALY  
EXAMINER  
APR - 2 2015

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2015 APR - 1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR - 1 AM 10:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

H15000081102

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ECUMAT, 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 Liability Company were filed on 03/27/2015 and assigned  
Florida document number L15000054861

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: JAIME MONCAYO

New Registered Office Address:

Enter Florida street address

Florida

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 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.

Signature of New Registered Agent  
If Changing Registered Agent, Signature of New Registered Agent

H15000081102

02/10/2033 05:54  
MAR-31-2015 17:32

#1318 P.003/004

H15000081102

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIEGO VILLACIS	3410 CORAL WAY STE PH6	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
AMBR	ANDRES VILLACIS	3410 CORAL WAY STE PH6	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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#1319 P.004/004  
P.004

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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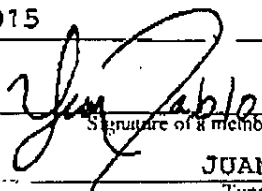
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/31/2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JUAN PABLO VILLACIS  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

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TOTAL P.004