

L15000065159

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H26000236079 3)))



H260002360793ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : RAUL VALDES-FAULI, P.A.  
Account Number : I2018000021  
Phone : (786)870-5083  
Fax Number : (786)907-4006

2026 JUN -3 AM 9:44  
STATE  
TALLAHASSEE, FL

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: VLAGANA@RVF-LAW.COM

RECEIVED  
JUN 03 2026  
STATE  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ECOCARSA 105 LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ECOCARSA 105 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:

VANESSA LAGANA

Name of Person

RAUL VALDES FAULI, P.A.

Firm/Company

4500 S. LEJEUNE RD.

Address

CORAL GABLES, FL 33146

City/State and Zip Code

VLAGANA@RVF.LAW.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

786

870 5083

at ( )

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 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

ECOCARSA 105 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 04/14/2015 and assigned Florida document number L15000065159.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C/O 4500 S. LEJEUNE RD.  
CORAL GABLES  
FLORIDA, 33146

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

C/O 4500 S. LEJEUNE RD.  
CORAL GABLES  
FLORIDA, 33146

SEARCHED  
SERIALIZED  
INDEXED  
FILED  
MAY 11 2015  
TALLAHASSEE, FL

**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: 4500 S. LEJEUNE RD.

*Enter Florida street address*

CORAL GABLES, Florida 33146  
*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.*

If Changing Registered Agent, Signature of New Registered Agent

**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 = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE A MARTINEZ OCANDO	C/O 4500 S. LEJEUNE RD.	<input type="checkbox"/> Add
		CORAL GABLES	<input type="checkbox"/> Remove
		FLORIDA, 33146	<input checked="" type="checkbox"/> Change
MGR	Dario Efrain Carrera Vegas	C/O 4500 S. LEJEUNE RD.	<input type="checkbox"/> Add
		CORAL GABLES	<input type="checkbox"/> Remove
		FLORIDA, 33146	<input checked="" type="checkbox"/> Change
MGR	EFRAIN CARRERA	C/O 4500 S. LEJEUNE RD.	<input type="checkbox"/> Add
		CORAL GABLES	<input type="checkbox"/> Remove
		FLORIDA, 33146	<input checked="" type="checkbox"/> Change
MGR	Maria Ocando de Carrera	C/O 4500 S. LEJEUNE RD.	<input type="checkbox"/> Add
		CORAL GABLES	<input type="checkbox"/> Remove
		FLORIDA, 33146	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

