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(((H23000367403 3)))



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To:

Fax: 17865022646

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RAUL VALDES-FAULI, P.A.

Account Number : I20180000021

Phone : (786)870-5083

Fax Number

: (786)907-4006

\*\*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

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

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

T. LEMEUX

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

Division of Co	rporations		
	SA MANAGEMENT LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	VANESSA LAGANA		
	<del></del>	Name of Person	<del></del>
	RAUL VALDES-FAULI,	P.A.	
	<del></del>	Firm/Company	<del></del>
	355 ALHAMBRA CIRCL	E, SUITE 1205	
		Address	
	CORAL GABLES, FL 33	1134	
		City/State and Zip Code	
	VLAGANA@RVF-LAW.C		
		to be used for future annual report notification	n)
For further information o	oncerning this matter, please c	nli:	
VANESSA LAGANA		786 870-5083	
Name o	f Person	Area Code Daytime Tele	phone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C	orporations	Division of Corporat	ions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOCARSA MANAGEMENT LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) fed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comparing document number L15000066202	any were filed on 04/15/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	observiation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	1	
		<del></del>
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7.
		202
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the nan	e of the new registere
		~
Name of New Registered Agent:		
New Registered Office Address:		<del>.</del> .
THE PERSON WILLIAM IN THE WAY	Enter Florida street address	<del></del>
	9742 .a	· <del>-</del>
	Florida	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.

From: Vanessa Lagana\*

Fax: 17865022646

To. 18506176383@att.rcfax.com Fax: (850) 617-6383

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## 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>	Name	Address	Type of Action
MGR	JORGE A. MARTINEZ OCANDO	C/O 355 ALHAMBRA CIRCLE	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
		SUITE 1205	□Remove
		CORAL GABLES, FL 33134	
MGR	EVASENAIR CARRERA CONTRERAS	C/O 355 ALIIAMBRA CIRCLE	
		SUITE 1205	□Remove
		CORAL GABLES, FL 33134	□ Change
	····		□ <b>∧d</b> d
			□ Remove
			□ Change
			□Remove
			□Change
			□Add
			□ Rетюче
			Change
		<del></del>	□Add
		<u>.                                    </u>	□Remove
			Change

FAX AUDIT #H23000367403 3

Effective date, if other than the date of filing:  (optional)  Iff an effective date is listed, the date must be specific and country be prior to date of filing or more than 90 days after filing. I Pursuant to 605 0207 (3 Note;  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the documents of the filing that the statutory of the filing or more than 90 days after filing. I Pursuant to 605 0207 (3 Note;  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the documents.
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tocament's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated OCTOBER 18 2023
Signature of a member or authorized representative of a member
RAUL VALDES-FAULA, AUTHORIZED REPRESENTATIVE OF THE MEMBER Typed or printed name of signee