

Division of Corporations

Page 1 of 2

# U500006756

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : FOX ROTHSCHILD LLP  
Account Number : I20130000024  
Phone : (215) 299-2162  
Fax Number : (215) 299-2150

**\*\*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@foxrothschild.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ECOCARSA 443 LLC**

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S. YOUNG

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Fax Audit #H15000175434 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECOCARSA 443 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, CORPORATE PARALEGAL

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD. SUITE 2750

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

VLAGANA@FOXROTHSCHILD.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

Name of Person

at ( 305 ) 442-6544

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOCARSA 443 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 APRIL 17, 2015 and assigned  
Florida document number L15000067656

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O ONE BISCAYNE TOWER

2 S BISCAYNE BLVD, SUITE 2750

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O ONE BISCAYNE TOWER

2 S BISCAYNE BLVD, SUITE 2750

MIAMI, FLORIDA 33131

**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:

INCORPORATING SERVICES, LTD

New Registered Office Address:

1540 GLENWAY DR.

Enter Florida street address

TALLAHASSEE

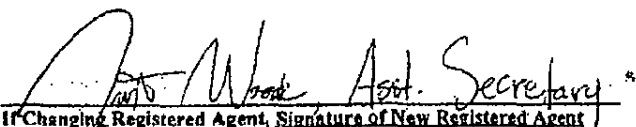
Florida 32301

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 \*

Fax Audit #H15000175434 3

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	EFRAIN CARRERA	C/O ONE BISCAYNE TOWER	<input type="checkbox"/> Add
		2 S. Biscayne Blvd., Suite 2750	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input checked="" type="checkbox"/> Change
MGR	MARIA CARRERA	C/O ONE BISCAYNE TOWER	<input type="checkbox"/> Add
		2 S. Biscayne Blvd., Suite 2750	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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SPO. DET. A. J. STATE  
TALLAHASSEE, FL 32303

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated, JULY 17 2015

JULY 17 2015  
Signature of a member of

Signature of a member or authorized representative of a member

EFRAIN CARRERA, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee