

07/08/2015 10:39

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Urgent

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To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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

Email Address: _____

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TALLAHASSEE, FLORIDA

JUL 09 2015

J. SHIVER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOFILCA

(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 04/28/2015 and assigned Florida document number L15000074415.

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)

11397 NW 122ND ST

MEDLEY, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9737 NW 41ST ST

STE 918

DORAL, FL 33178

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:

RAFAEL ZUZOLO

New Registered Office Address:

9737 NW 41ST ST, STE 679

Enter Florida street address

DORAL

Florida 33178

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)

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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	JAIME FERREIRA	19293 NE 8TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33179 UN	<input checked="" type="checkbox"/> Remove
MGRM	RAFAEL ZUZOLO	9737 NW 41 St street,	<input checked="" type="checkbox"/> Add
		STE 679	<input type="checkbox"/> Remove
		DORAL FI 33178	
MGRM	WILMER A RAMIREZ	9737 NW 41 St street,	<input checked="" type="checkbox"/> Add
		STE 679	<input type="checkbox"/> Remove
		DORAL FI 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 7/3 2015

X

Signature of a member or authorized representative of a member

RAFAEL ZUZOLO

(typed or printed name of signer)

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