

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BAREOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

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

Email Address: LEGALGECONEW, NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN CHARCOAL, LLC

Certificate of Status	0
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Page Count	05
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COVER LETTER

TO: **Registration Section Division of Corporations**

GREEN CHARCOAL, LLC

SUBJECT:

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L

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:

BRUNA BARBOSA

Name of Person

BARBOSA LEGAL

Finn/Company

407 LINCOLN ROAD PH-NE

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

LEGAL@ECONEW.NET

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

For further information concerning this matter, please call:

BRUNA BARBOSA		305 501- at()	-4680	
	Name o	f Person	Area Code	Daytime Telephone Number
Er.	closed is a check for U \$25.00 Filing Fee	ne following amount: 🖬 \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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 Taliahassee, FL 32301

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II16000141987 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MAY 7, 2015	and assigned
Florida document number L15000080804		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
ECONEW, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3390 Mary Street, Suite 116	
(Principal office address MUST BE A STREET ADDRESS)	Coconut Grove, FL 33133	
(Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS)		
	3390 Mary Street, Suite 116	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- <u> </u>	

Name of New Registered Agent:	Leonardo S. Zica		
New Registered Office Address	3390 Mary Street, Suite 116		
New Registered Office Address:	Enter Flor	nda street address	
	Coconut Grove	, Florida ³³¹³³	
	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.

/s/ Leonardo Zica If Changing Registered Agent, Signature of New Registered Agent

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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

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i.

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR 	LEONARDO ZICA	3390 Mary Street, Suite 116	🗆 Add
		Coconut Grove, FL 33133	Remove
			Change
<u> </u>	<u>_,,</u>	<u></u>	🗆 Add
			Remove
		<u></u>	Change
*,		<u></u>	🗖 Add
		······································	Change
	<u></u>		🗖 Add
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		<u> </u>	🗖 Add
			Remove
			Change
		······································	Add
			Remove
			Change

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D. If am	ending any other infor	mation, enter change(s) here: (Attac		
	N/A			
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E. Effec	tive date, if other than ffective date is listed, the date	the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605	0207 (3
Note	If the date inserted in thi	s block does not meet the applicable statu	atory filing requirements, this date will not be liste	od as th
doou	nent's effective date on th	e Department of State's records.		
if the re	cord specifies a dela	ved effective date, but not an eff	fective time, at 12:01 a.m. on the earlie	er of:
(b) Th	e 90th day after the	record is filed.		
	•			
	JUNE 9	2016		
Dated	TUNE 9 1	· ··		
	/ / E	Bruna Barbosa		
	/S/ L	Signature of a member or authorized rep.		

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Typed or printed name of signee

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Filing Fee: \$25.00