# L15000103380

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer	
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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: <u>CCO</u>	Tobot US LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Buorn Eri	K Hansen Name of Person	
	ecorobot	VS LLC Firm/Company	
	915 8st U	nit 204 Address	<del></del>
	Bornerik E-mail address:	Beach FL 3313 City/State and Zip Code Hansen 21 Game to be used for future annual report notifi	gil com
For further information of	oncerning this matter, please ca		,
Bjorn Eńk Name o	Hansen Person	at ( <u>305</u> ) <u>773 5</u> Area Code Daytime	2495 Telephone Number
Enclosed is a check for the	ne 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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2115 DEC 28 PM 2: 31 **OF**

FILED SCURETARY OF STATE TALLAHASSEE, FLORIDA

ecorobot US LLC	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1/5000103380</u> .	were filed on <u>June 15 2015</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1614 west ave, apt 202
(Principal office address MUST BE A STREET ADDRESS)	miami Beach FL. 33139
Enter new mailing address, if applicable:	1614 west ave, AP+ 202
(Mailing address MAY BE A POST OFFICE BOX)	miami Beach Fl. 33139
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	
New Registered Office Address: 16 14 was	est ove APT 202  Enter Florida street address

### 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

miami Beach, Florida 33139
City, Florida 33139
Zip Code

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			Add
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			☐ Change
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more thous. If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
ated 12, 23, 15	
Brew Horsenster or authorized representative of a second s	

Page 3 of 3

Filing Fee: \$25.00