L15000166201

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

FEB 1 8 2016 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor		• • • • • •		
SUBJECT: ECC	ART SU	RFACES LL ited Liability Company	<u></u>	
	. Nume, or Emil	· ·		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brandon	Name of Person	<u>.</u>	
• .	ECOART	SURFACES L	LC	
	11251 Campf	Field Dr. Unit	2101	
	Jacksonvill Brandon Kl E-mail address: (e FL 32256 City/State and Zip Code and is @ Vahoo. to be used for future annual report notifies	C⊗ M cation)	
For further information c	oncerning this matter, please ca	all: a , a ', a 'e la, e .	3 1. A	
Brandon	Landis	at (904) 9/0- Area Code Daytime	7480	
		•	i de la companya de La companya de la co	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations

Tallahassee, FL 32314

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P.O. Box 6327

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
·	
The Articles of Organization for this Limited Liability Company	were filed on $9/39/15$ and assigned
Florida document number <u>L15000166201</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	1316 Barrington Circle
(Principal office address MUST BE A STREET ADDRESS)	1316 Barrington Circle Saint Augustine FL 32092
	,
Enter new mailing address, if applicable:	1316 Barrington Circle
Mailing address MAY BE A POST OFFICE BOX)	1316 Barrington Circle Saint Augustine FL 32092
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name on British Character	her De and
Name of New Registered Agent: Christop	her Downer
New Registered Office Address: 1316 Ban	ingto Circle Enter Florida street address
	gustine Florida 32092
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
I Chan	Solopher Oxer Signature of New Registered Agent

Page 1 of 3

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
CFO	Christopher Dawner	1316 Barrington Circle	da Add
		1316 Barrington Circle Saint Augustine FL 3209	Q □ Remove
			□ Change
		,	Add
			□ Remove
		<u> </u>	Change
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ote: If the date insective ocument's effective	her than the date ed, the date must be spe erted in this block do date on the Departm	es not meet the nent of State's r	be prior to date of filing e applicable statutory records.	or more than 90 days filing requirements	, this date w	all not be	listed a
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Filing Fee: \$25.00