L15000 202 205

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
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(Do	cument Number)	
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SECRETARY OF STATE TALL APASSEE, FLORIDA

HARRIS

COVER LETTER

TO:		istration Sect sion of Corpo				
SUBJI	гст.	ECOTECH L	ABS USA LLC			
30131	ECT.		Name of Limit	ed Liability Company		
The en	closed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please	return	all correspond	dence concerning this matter to	the following:		
			ARMANDO R. BARRANT	ES		
				Name of Person		
			FASTAX INC			
				Firm/Company	*	
			1400 SAINT CHARLES PL	. 106		
				Address		
			PEMBROKE PINES, FL 33	026		
				City/State and Zip Code		
			myfastax@yahoo.com			
			E-mail address: (to	be used for future annual	report notification)	
For fur	ther in	formation con	cerning this matter, please cal	1:		
ARMANDO R. BARRANTES			TES	11 at ()	am 7542340395	
		Name of P	erson	Area Code	Daytime Telephor	ne Number
Enclos	ed is a	check for the	following amount:			
■ \$2:	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOTECH LABS USA LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Florida document number L15000202205	Liability Company	were filed on 12/03/2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	N/A	
	· •		75E
			RETAL
Enter new mailing address, if applicable:		·	S 28
Mailing address MAY BE A POST OFFICE	(BOX)	N/A	79 P M
D. Te	.,		O TO
B. If amending the registered agent and registered agent and/or the new registered of	i/or registered o office address her	nice address on our record e:	ds, enter the name of the
		_	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-	-	Enter Florida street addre	255
	N/A	. F	lorida
	•	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.

N/A	
If Changing Registered Agent, Signature of New Registered Agent	

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>	Address	Type of Action
AMBR	ARMANDO R. BARRANTES	1400 Saint Charles Pl 106,Fl33026	⊞ Add
			Remove
		• • • • • • • • • • • • • • • • • • • •	Change
		-	Add
			Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
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			Remove Grange AHY DI STAT
.			STATE CRemove
			Change
			Add
			Remove
			□ Change

N/A				
	•			

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:				
	must be specific and s block does not n	d cannot be prior to date of filing or morneet the applicable statutory filing to		ing.) Pursuant to 605.020
record specifies a delay The 90th day after the r	/ed effective o	date, but not an effective tin	ne, at 12:01 a.n	n. on the earlier
MARCH 16		2016		700
ted	0	,		16 H
	Seg	us Calderan		HAR?
	Signature of a r	member or authorized representative of	a member	<u> </u>
	SERGIL	CALDERON-ROSSI		PH PH
		Typed or printed name of signee		U: 28

D..

Page 3 of 3

Filing Fee: \$25.00