

5/3/24, 1:54 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000162502 3)))



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To:

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

From:

Account Name : DIANA MEYER, P.L.
Account Number : I20110200047
Phone : (954)303-4628
Fax Number : (866)313-6847

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

Email Address: DIANA@MEYERADVISORGROUP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GO ECO HOMES LLC

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Corporate Filing Menu

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T. LEMIEUX

MAY 06 2024

COVER LETTER

#240001625013

TO: Registration Section
Division of Corporations

SUBJECT: GO ECO HOMES LLC

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:

DIANA MEYER

Name of Person

MEYER ADVISOR GROUP, PLLC

Firm/Company

18503 PINES BLVD., STE 302

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

DIANA@MEYERADVISORGROUP.COM

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

For further information concerning this matter, please call:

DIANA MEYER

954

399-5680

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#240001625023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H240001625023

GO ECO HOMES LLC

(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 01/12/2016 and assigned
Florida document number L16000008259.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3400 NE 192ND STREET

(Principal office address MUST BE A STREET ADDRESS)

PH9

AVENTURA, FL 33180

Enter new mailing address, if applicable:

3400 NE 192ND STREET

(Mailing address MAY BE A POST OFFICE BOX)

PH9

AVENTURA, FL 33180

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:

LAL, GARIMA

New Registered Office Address:

3400 NE 192ND STREET, PH9

Enter Florida street address

AVENTURA

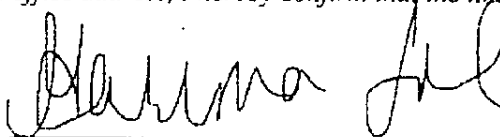
Florida 33180

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAKHDAR, KARIM	1717 N BAYSHORE DRIVE	<input type="checkbox"/> Add
		3651	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
MGRM	LAL, GARIMA	3400 NE 192ND STREET	<input checked="" type="checkbox"/> Add
		PH09	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 3

2024

_____ of a member or authorized representative

_____ of a member or authorized representative of a member

LAL, GARIMA

Typed or printed name of signee

H240001625023

Filing Fee: \$25.00