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 : MARILI CANCIO JOHNSON P.A.

Account Number : 120160000073

Phone : (305)967-6329

Fax Number : (305)470-7453

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECOMIX HOLDING LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOMIX HOLDING LLC		
(Same of the Limi	ted Liability Company as it now appears on our recor (A Florida I mated Liability Company)	<u>(18.)</u>
	iability Company were filed on 08/03/2016	and assigned
Florida document number L16000145517	adversion and agraphic and agraphic	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	, e
R2 STONE HOLDING LLC		202 54 7A(
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LL	C" or the abbreviation "
Enter new principal offices address, if applic	able:	5; P -n
(Principal office address MUST BE A STREE	TADDRESS)	
		10: 44 3174 E 20R10
Enter new mailing address, if applicable:		on F
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter</u> ss here:	r the name of the new registeret
		
Name of New Registered Agent:		
New Registered Office Address:	; . Sinter Florida street addre	20.5
	City	loridaZip 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 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
MGR	Rogerio Morcita Vicira Filho	9870 NW 117 di Way	LT Add
		Medley, Florida 33178	
			■ Change
MGR	Roberta de A. da Fonseca Vicira	de A. da Fonseca Vicira 9870 NW 117 th Way	
		Medley, Florida 33178	□Remove
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fan effective <u>Note:</u> If the	dute is listed, the date r date inserted in this	must be specific a s block does not	ad cannot be pric I meet the appli	or to date of filing of cable statutory f	or more than 90 days Thing requirements	after tiling.) i, this date v	Pursuant to vill not be	605,020 listed as
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