

9/10/21, 3:13 PM

Division of Corporations

L16000145517

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 future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA

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VH

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECOMIX HOLDING 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 08/03/2016 and assigned  
Florida document number L16000145517.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

R2 STONE HOLDING LLC

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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

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>                     | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------------------------|-----------------------|--|
| MGR          | Rogério Moreira Vieira Filho    | 9870 NW 117 th Way    | <input type="checkbox"/> Add               |
|              |                                 | Medley, Florida 33178 | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input checked="" type="checkbox"/> Change |
| MGR          | Roberta de A. da Fonseca Vieira | 9870 NW 117 th Way    | <input checked="" type="checkbox"/> Add    |
|              |                                 | Medley, Florida 33178 | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |
|              |                                 |                       | <input type="checkbox"/> Add               |
|              |                                 |                       | <input type="checkbox"/> Remove            |
|              |                                 |                       | <input type="checkbox"/> Change            |

[illegible]

**Filing Fee: \$25.00**