## 11600014850C

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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August 11, 2018

KRISTOFER GOETZ 14036 PIMBERTON DR HUDSON, FL 34667

SUBJECT: ECO EARTH KREW, LLC

Ref. Number: L16000148500

We have received your document for ECO EARTH KREW, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABLITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00016610

Octavia L Simmons Regulatory Specialist III

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## **COVER LETTER**

TO:	Registration : Division of C			
SHRIF	ect.	Eco Emin Kre	w,cle	
3013.11	Division of Corporations  ECT: Eco EART KRW LLC  Name of Limited Liability Company  And Articles of Amendment and fee(s) are submitted for tiling.  return all correspondence concerning this matter to the following:  Kats Person  Eco EART KRW, LLC  Finny Company  14036 Pinky fon Dy  Address  HOSON FC 34667  City/State and Zip Code  Oxfest & Mune Address  E-mail address (to be used for further annual report notification)  rether information concerning this matter, please call:  Mish Grant  Name of Person  at (Bis Address)  Area Code  Daytime Telephone Number			
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	pondence concerning this matter	to the following:	
		KaisTofe	V Goetz	
		£10 4	ARM KNOW, CCC	
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		14036	Pinderton Dr	
			Address	<del>.</del>
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/	Krister	Goete	at (813) 67	9-2147
	Name	of Person	Area Code Dayt	ime Telephone Number
Enclos	ed is a check for	the following amount:		
□ \$2.	5.00 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, F1, 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

(Name of the Limited Liability Comp (A Florida Limited		on our records.)	
(A Piorida Limited			
The Articles of Organization for this Limited Liability Compan	v were filed on	8/9/16	and assigned
Florida document number L 16006148500			
iorida document indinoct			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de-	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • •	<del></del>	•	養養 高田
Principal office address MUST BE A STREET ADDRESS)			29
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			出る。
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			ž* ún
		-	-
3. If amending the registered agent and/or registered of	office address on	our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered office address he	<u>re</u> :		
•			
Name of New Registered Agent:			
	-		
New Registered Office Address:	Enter Flori	la street address	
	130(1) 1311 11	THE COLUMN THE STREET STATE OF THE STATE OF	
	(*************************************	, Florida	AZip Code
	City		гір соде

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 Title Name <u>Address</u> Type of Action 4527 Field Vian Gircle Wesley Chapel FL 33545 Scott NAchsten □ Add ☐ Change □ Add □ Remove ☐ Change Remove ☐ Change \_□ Add □ Remove \_□ Change □ Remove

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ective date, if other than the date of filing: 7/1/2018		ptional)	
effective date is listed, the date must be specific and cannot be prior to date of fee. If the date inserted in this block does not meet the applicable statut	iting or more than 90 days tory filing requirements	atter filing.) Pui this date will	suant to 605.0 not be listed
ument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effe	activa tima at 12:0	11 2 00 00	tha aarlia
he 90th day after the record is filed.	ective time, at 12.0	71 a.m. on	tile earliei
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Filing Fee: \$25.00