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Amend/Cu

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COVER LETTER

	VTENANCE.LLC				
SUBJECT:	Name of Lim	ited Liability Company	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	YASLIER MARTINEZ				
	Name of Person ECO MAINTENANCELLC				
	14321 NW 16 COURT	Firm/Company			
	MIAMI FL 33167	Address			
	ecomaintenancelle@gmail.c				
For further information c	E-mail address: (oncerning this matter, please of	to be used for future annual report not all:	(fication)		
YASLIER MARTINEZ		305 458-5271			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he 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)		
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on		

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

TO:

Registration Section Division of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

ECO MAINTENANCE,LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
Γhe Articles of Organization for this Limited I		y were filed on 02/01/2017	and assi
Florida document number 1.17000025561	······································		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.l
Enter new principal offices address, if appli	icable:	SAME	
(Principal office address MUST BE A STREET ADD	ET ADDRESS)		
			1016 JIM 27
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E <i>BOX)</i>		
-			بن
B. If amending the registered agent and registered agent and/or the new registered of	• •		, enter the name
Name of New Registered Agent:	SAME		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street address	î.
			orida
		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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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 Agen

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of ε
AMBR	YARIEL MARTINEZ	14321 NW 16 CT MIAMLFL 33167	_
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			Change

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06/24/2019	
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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.) Puote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	arsuant to 60 II not be lis
ocument's effective date on the Department of State's records.	ir not be no
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earl
The 90th day after the record is filed.	
IUNE 24 _ (i) 2019	
ited JUNE 24	
X /X / gl	
Signature of a member or authorized representative of a member	
YASLIHR MARTINEZ	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00