

L17000152251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

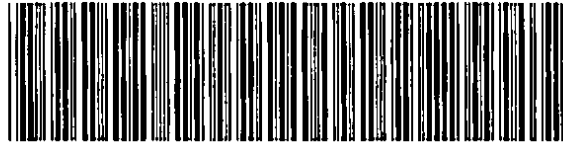
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG -1 AM 7:05
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2017
J SHIVERS

COVER LETTER

Registration Section
Division of Corporations

Ecomunayi LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alhisson Veronica Cartagena

Name of Person

Ecomunayi LLC

Firm/Company

3745 NE 171 ST UNIT#50

Address

North Miami Beach, FL 33160.

City/State and Zip Code

ecomunayi@gmail.com

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

For further information concerning this matter, please call:

Alhisson Veronica Cartagena

786

537-4556

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ecomunayi LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on July 17, 2017 and assigned
document number L17000152251.

This amendment is submitted to amend the following:

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:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

Alhisson Veronica Cartagena

New Registered Office Address:

1771 NE 175TH ST

Enter Florida street address

North Miami Beach

City

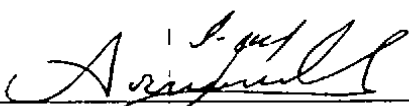
Florida

33162

Zip Code

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

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

R = Manager

BR = Authorized Member

<u>g</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	Maria de los Angeles Pastrana	3745 NE 171 ST UNIT#50	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Alhisson Veronica Cartagena	1771 NE 175TH ST	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33162.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 AUG - 1 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: 01/01/2018 (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.

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

Dated 01/01/2018 12:00AM


Signature of a member or authorized representative of a member

Alhisson Cartagena

Typed or printed name of signee