17000164214

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2022 APR -4 AM 10: 17 Secretary of State

COVER LETTER

TO:	≠ egistration Se = ivision of Cor	ction porations		
SUBJE	1 oview Co	onstruction LLC		
.54 (1.11)		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub adence concerning this matter		
		Blair Wilgus		
			Name of Person	
		Ecoview Construction LLC	•	
		-	Firm/Company	
		1097 South Patrick Drive		
			Address	
		Satellite Beach, FL 32937		
			City/State and Zip Code	
		blair@curriproperties.com		
			o be used for future annual repor	t notification)
For furth	मार्र सम्मत्ताला दल	ncorning this matter, please ca	11:	
Blair Wi	rus		321 537-427	79
_	Name of	Person	Area Code D:	aytime Telephone Number
Tine losed	sa cacel, for the	following amount:		
X 528	≯Fil ig Lee	☐ \$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)

hailing Address: Registration Section Division of Corporations P.O. Box 6327 allahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F	70: FAI
· ·	•	SECRETARY SELLAHASEI
Ecoview Construction LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	
The Arte les of Organization for this Limited Liability Company	were filed on 8/1/2017	Top E TO
Florida cocument number 1.17000164214		3
This ari: adment is submitted to amend the following:		. `
A. If amending name, enter the new name of the limited liabi	ility company here:	
His new is the must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter n v principal offices address, if applicable:		
(Princip office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailin: address MAY BE A POST OFFICE BOX)		
B. If an ending the registered agent and/or registered office a igent and/or the new registered office address here:	ddress on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street (uddress
	City	, Florida Zip Code
New Reg. stered Agent's Signature, if changing Registered Agent:	,,	zap Cinte
hereby accept the appointment as registered agent and agrebrovisis is of all statutes relative to the proper and complete place up to a obligations of my position as registered agent as placing it do marely reflect a change in the registered office and place has been notified in writing of this change.	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If anten ing 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
ANBR	Vilen Lowery	1097 South Patrick Drive	
		Satellite Beach, F1, 32937	_
			☐ Change
-			
			□Remove
·	·		□Add
			□Remove
			[]Change
	·· · –		□Add
			□Remove
			©Change
	-		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

D. If amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
 -	
	
	
	
_	er than the date of filing:
If the record specifies a delerces of is yield.	ived effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dates March 4	2022
_ (AMUS Signature of a member or authorized representative of a member
James Conn	
	Typed or printed name of signee

Filing Fee: \$25.00