

L18 000 157 973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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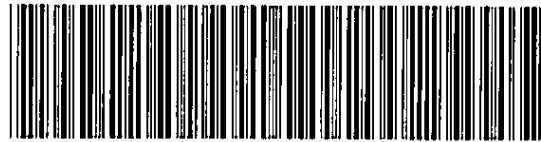
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CH

JUL 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco Friendly Construction LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Keith Savage
Name of Person

Eco Friendly Construction LLC
Firm/Company

3205 Kilmer Drive
Address

Plant City FL 33566
City/State and Zip Code

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

For further information concerning this matter, please call:

Keith Savage at (813) 619 9575
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

Eco Friendly Construction 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 6/27/18 and assigned
Florida document number L18000157973.

This amendment is submitted to amend the following:

A. 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)

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

City, Florida 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	Miguel A Aguiar Delgado	15507 Furlong circle	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul M Gregory	11609 Sydney Road	<input type="checkbox"/> Add
		Vero Beach FL 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Misty Kay Sawyer	507 1/2 East Caracas	<input type="checkbox"/> Add
		Street	<input checked="" type="checkbox"/> Remove
		Tampa FL 33603	<input type="checkbox"/> Change
AMBR	Keith Savage	3205 Kilmer Drive	<input checked="" type="checkbox"/> Add
		Plant City FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leonel Rugama	15507 Furlong circle	<input checked="" type="checkbox"/> Add
		Odessa FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated

7/2/19

_____, _____
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Keth Savage

Typed or printed name of signee