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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u>E</u>	OSMATE of Name of Lim	FLORIOA L. ited Liability Company	L. C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN 6	- BOUWENS	5
	Ecosman	Firm/Company	-OA L.L.C
	534 (no.	SS CAREK (IN Address	1618
		City/State and Zip Code	158
	Tomo o bou E-mail address: (wewsfamzly, C	fication)
For further information c	oncerning this matter, please c	all:	28
John & B Name o	7 POUWENS f Person	at (772) 299 Area Code Daytime	-8343 e Telephone Number
Enclosed is a check for the	ne following amount:		
. № \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on d Liability Company)	our records.)
	• • •	
The Articles of Organization for this Limited Liability Compar	by were filed on \mathcal{I}	$\frac{12018}{}$ and assigned
Florida document number <u>L 18000 22 9418</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·- <u>-</u>
		င်း
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
(Maning address MAT DE ATOST OF THE BOX)		一 一
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am familiar with and peter 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	HOLLY A BOUNENS	534 CAUS & CANCK GEA. SOBASITAR, EL 32958	Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Change

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ective date, if other than the date of filing: (option	anal)
n 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 605.02
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	date will not be listed
	The O0th day after the
scard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b)	7 The 20th day after th
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	
	<u>.</u>
is filed.	=======================================
	71.HF 28
is filed.	20
is filed.	NO.