

L19 0000 26986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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06/20/19--11:11:12--11:11:12--11:11:12

FILED

19 AUG -6 AM 11:12

NOTARIAL PUBLIC
TALLAHASSEE, FLORIDA

AUG 07 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2019

JULIAN SANTIAGO
ECO PRO SOLUTIONS LLC
4191 BANBUR CIRCLE
PARRISH, FL 34219

SUBJECT: ECO PRO SOLUTIONS LLC
Ref. Number: L19000026986

We have received your document for ECO PRO SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00013288

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco Pro Solutions 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:

Monica Muniz Lopez
Name of Person

Eco Pro Solutions LLC
Firm Company

5477 1st Ave E Apt 204
Address

Bradenton FL 34219
City-State and Zip Code

ecopro.solutionsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julian J. Santiago at (941) 773-7499
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Pro Solutions LLC

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

FILED
19 AUG -6 AM 12
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/20/19 and assigned
Florida document number L19000026986

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)

1300 SE 1st ST #38

FT Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 464

Ellenton FL 34022-9998

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:

Angel Benilla

New Registered Office Address:

1300 SE 1st ST #38

Enter Florida street address

FT Lauderdale

City

Florida 33301

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.

Angel Benilla

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>
AMBR	Monica Maniz Lopez	5477 1st Ave. Eady	<input type="checkbox"/> Add
		Buckner Fl. 34208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Julian Santiago	4191 Benbury Ave	<input type="checkbox"/> Add
		Parrish Fl. 34219	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr	Angel Benilla	1300 SE 1st ST #38	<input checked="" type="checkbox"/> Add
		Fr. Lawrenceville	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 3rd, 2019

July 3rd 2019

Marcus M. Lopez

Signature of a member or authorized representative of a member

Marcus M. Lopez

Typed or printed name of signer

Signature of a member or authorized representative of a member

 Morris M. Miller
 Typed or printed name of signer

Typed or printed name of signer