L19000 all 020

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2019 SEP 12 PH 12: 11

C CONTIN

COVER LETTER

Division of Cor	porations			
SUBJECT:	ECORPO	NIX LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Yuval Elitma	<u>217</u>	
	E	CO (1017) X LLC Firm/Company		
	2307 Linton	Ridge Civ APL. (3 Oellay Beach	FL 3
	Delray Beuch Yuralg Deco	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)	
For further information c	oncerning this matter, please ca	all:		
Name o	val Glitman Person	at (<u>754</u>) <u>302 3</u> Area Code Daytime	285 e Telephone Number	
Enclosed is a check for the	he following amount:			
Sign \$25.00 Fifing 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:

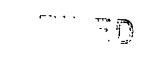
TO:

Registration Section

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



2019 STD 12 PH 12: 19

Ecollonix LLC	
ECOCOMIX LLC (Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
•	
The Articles of Organization for this Limited Liability Company were file	ed on August 19, 2019 and assigned
Florida document number <u>L 19000211020</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
ADDITION OF A THE AUTHOR OF A CONTROL ADDITION	
 -	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office add	dress 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
	, Florida Zıp Code
	Zιp Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as	
provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided	
being filed to merely reflect a change in the registered office address	
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				
Title	<u>Name</u>	Address	Type of Action Nafles FL 3416	
<u>amb</u> r	Yuval Glitman	2915 Pine Run Rd, 201	S Add	
			Remove	
		42 4,352,14	Change	
			Remove	
			☐ Change	
				
			Remove	
			Change	
			Add	
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			El Cl	

	-
	
(If an el Note:	dive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>Sep 9.2019</u> .
	Signature of a member or authorized representative of a member
	Yuval Glitman Typed or printed name of signer

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Filing Fee: \$25.00