## L200000 43411

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## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations			
	ECO-MERCIAL, LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
3				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	EDNA MENDEZ			
		Name of Person		
EMPIRE BUSINESS & TAX ADVISORS				
Firm/Company				
	201 RUBY AVE SUITE	1		
		Address		
	KISSIMMEE FL 34741			
		City/State and Zip Code		
	ednamendez@empirebta.ed	om to be used for future annual report no	at the sant san	
For further information	n concerning this matter, please c	,	uncanon)	<u>::</u>
EDNA MENDEZ	3	407 613-0850		
	CD	at ()		1
Name	e of Person	Area Code Dayti	me Telephone Number	5 d
Enclosed is a check for	the following amount:			57. 12.
□ \$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 Statu Certified Copy (additional copy is enclosed)	
Mailing Addr Registration		Street Address: Registration S	ection	
Division of	Corporations	Division of Co	orporations	
P.O. Box 63		The Centre of		
Tallahassee	. FL JZJ14	Z410 IN. MONT	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO		<mark></mark>
ARTICLES OF O		6
OI	•	
ECO-MERCIAL, LLC		ds.) and assigned
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor	<u>ds.)</u> %
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company	vere filed on <u>02/06/2020</u>	and assigned 🥱
Florida document number 1.20000043417		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL)	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6874 Dolce Way, Orlando Fl	. 32819
(Principal office address MUST BE A STREET ADDRESS)		
		1
Enter new mailing address, if applicable:	6874 Dolce Way, Orlando FI	. 32819
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	r the name of the new registered
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
Nume of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre	
	1,71117 1 177 1117 117 ( 1 44447 )	av.
<del></del>		lorida
New Registered Agent's Signature, if changing Registered Agent:	Сиу	гір Сойе
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is
<del></del>	and Declaration 1.	CV - Daries 14
Tr Chang	ing 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			Remove
			□Add
			Remove
			□Change
			□Add
		□Remove	
			□Change
<del></del>			□Add
			□Remove
			□Change

I am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
•	
,	
,	
an ef	tive date, if other than the date of filing:
reco l is f	rd 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 iled.
ated	APRIL 27 -2020
	Signature of a member or authorized representative of a member
	EDNA MENDEZ  Typed or printed name of signee

Filing Fee: \$25.00