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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 2 2022

COVER LETTER

TO:

TO: Registration S Division of Co			
	GICAL IMPROVEMENTS, LLG	2	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BLAKE MORROW		
		Name of Person	
	ECOLOGICAL IMPRO	VEMENTS, LLC.	
		Firm/Company	
	5301 N FEDERAL HWY	STE 204	
		Address	
	BOCA RATON, FL 3348	37	
		City/State and Zip Code	
	INFO@ECOLOGICALIN		
		to be used for future annual report notification	n)
For further information	concerning this matter, please concerning this matter.	all:	
BLAKE MORROW		724 650-5456 at ()	
Name	of Person	Area Code Daytime Tele	phone 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	tions nassee eet, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ED TO **OF**

2022 MAR 25 AM 7: 29

ECOLOGICAL IMPROVEMENTS, LLC.

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on the Afforda Limited Liability Company)

1 20000002700	were filed on and assigned
Florida document number 1.20000082798	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8751 NW 19TH ST
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL 33071
Enter new mailing address, if applicable:	8751 NW 19TH ST
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS, FL 33071
B. If amending the registered agent and/or registered office a	· · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here: Name of New Registered Agent:	<u> </u>
Name of New Registered Agent:	
	Enter Florida strect address
Name of New Registered Agent:	, Florida
Name 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
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
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			□Change
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ctive date, if other than the c	late of filing:		(opti	onal)
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be pr ck does not meet the app	ior to date of filing or m licable statutory filin	ore than 90 days after g requirements, thi	s date will not be listed
ument's effective date on the Dep				
ord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
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March, 21	2022			
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4-	ignature of a member or au	miorized representative	or a memoer	