

220000096583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/20--01018--004 **25.00

S TALLENT

JUL 02 2020

2020 JUL -1 AM 10:06

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN -1 AM 11:16

June 16, 2020

JOSELINE DIAZ RIVERA
EKO HUMANS.STORE
10317 VISTA PINE LOOP
CLERMONT, FL 34711

SUBJECT: EKO HUMANS.STORE LLC
Ref. Number: L20000096583

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

ACCORDING TO LETTER D., MS. RIVERA SHOULD BE LISTED AS AN AUTHORIZED MEMBER. DO YOU WANT HER TO BE LISTED AS A DIRECTOR AS IT IS NOW SHOWING? PLEASE MAKE CHANGES TO SHOW THEIR CORRECT TITLES.

The document must be signed by a member or an authorized representative of a member.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00011860



2020 JUN 1 10:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2020

JOSELINE DIAZ RIVERA
EKO HUMANS.STORE LLC
10317 VISTA PINE LOOP
CLERMONT, FL 34711

SUBJECT: EKO HUMANS.STORE LLC
Ref. Number: L20000096583

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON THE AUTHORIZED PERSON DETAIL PAGE, PLEASE CHANGE P TO AUTHORIZED MEMBER AS MENTIONED IN LETTER D.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00010758

June 26, 2020

JOSELINE DIAZ RIVERA

RETURN ADDRESS

10317 VISTA PINE LOOP, CLERMONT FLORIDA
34711.

TO WHOM IT MAY CONCERN

ATTACHED YOU WILL FIND A RETURN LETTER, MY
PHONE NUMBER (352-667-9392). THE CHANGE WAS
MADE TO AMBR A JOSELINE DIAZ. **SHE IS NOW AMBR
NO PRESIDENT.**

THANK YOU!

JOSELINE DIAZ RIVERA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EKOHUMANS.STORE 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:

JOSELINE DIAZ RIVERA

Name of Person

EKOHUMANS.STORE

Firm/Company

10317 VISTA PINE LOOP

Address

CLERMONT, FL 34711

City/State and Zip Code

JDSTARTAMAZON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSELINE DIAZ RIVERA

787-549- ANYTIME

at ()

Name of Person

Area Code

Daytime Telephone 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

EKO HUMANS STORE LLC

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

The Articles of Organization for this Limited Liability Company were filed on APRIL 06, 2020 and assigned
Florida document number 120000096583.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 JUL - 1 AM 10:06

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL BENAVENTE TORRE	10317 VISTA PINE LOOP, CLERMONT FL 34711	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		10317 VISTA PINE LOOP, CLERMONT FL 34711	<input type="checkbox"/> Change
AMBR	JOSELINE DIAZ RIVERA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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
			<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.)*

JOSELINE DIAZ RIVERA WILL NO LONGER BE PRESIDENT, SHE WILL BE AN AUTHORIZED MEMBER

MANUEL BENAVENTE TORRES WILL BE REMOVED FROM THE COMPANY.

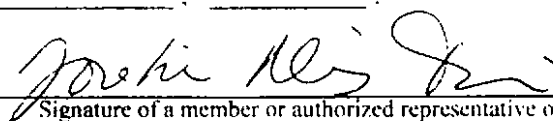
E. Effective date, if other than the date of filing: JUNE 09 2020 **(optional)**

(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 JUNE 09 2020



Signature of a member or authorized representative of a member

JOSELINE DIAZ RIVERA

Typed or printed name of signee