220000121861

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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JUN 1 8 2020 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor				
ECO VIRU	X LLC (originally ECO VIRU	X.LLC)		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VANESSA A. ROUSSO			
	 	Name of Person		
	GOODKIND & FLORIO.	P.A.		
		Firm/Company	****	
	4121 LA PLAYA BLVD			
		Address		
	MIAMI, FL 33133			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	Brian@goodkindandflorio.c			
	E-mail address: (to be used for future annual report not	tification)	
For further information of	concerning this matter, please c	all:		
Vanessa A. Rousso		786 348 - 0240 at ()		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

23

ECO VIRUX LLC (originally ECO VIRUX, LLC)		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our receivability Company)	irds.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000121861 This amendment is submitted to amend the following:	were filed on MAY 05, 2020	and assigned A
A. If amending name, enter the new name of the limited liabi	lity company here:	0
ECOVIRUX LLC [NOTE WE ARE AMENDING REMOVE T		AND VIRUX & NO COMMA
The new name must be distinguishable and contain the words "Limited Liabili		
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)		
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:	ddress on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, rovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			Remove
			Change
			□Add
			Remove
			□Remove
			☐ Change
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			□Change

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Note: If the date inserted in th	must be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) attutory filing requirements, this date will not be listed as the
If the record specifies a delayed efforce or is filed.	ective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 28	. 2020	
	Brian K. God	edkina epresentative of a member
BRIAN K. GOOD		epresentative of a memoer

Filing Fee: \$25.00

Typed or printed name of signee