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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future.
. annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

- *-*--

1/1

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECVILIB LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ecvilib LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number L20000349425	pany were filed on 11/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		G
		<u>~</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>er</u> s <u>s here</u> :	nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Mykhailo Kadukha	7901 4th St N	
		STE 300	□ Remove
		St. Petersburg, FL 33702	☐ Change
MGR	4b corporation	7901 4th St N	□ Add
		STE 300	
		St. Petersburg, FL 33702	Change
			□ Add
			☐ Remove
			Change
	<del></del>		Add
		7901 4th St N STE 300	Remove
			Change
		7901 4th St N  STE 300  St. Petersburg, FL 33702  7901 4th St N  STE 300	Remove
			Change
			□ Remove
			□ Change

If amending any other infor	nation, enter change(s	s) here: (Attach aa	lditional sheets, if	necessary.)	_
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot s block does not meet the	: applicable statutory	g or more than 90 day:	optional) after filing.) Pursuant to 6 s, this date will not be b	605.0207 (3 isted as th
the record specifies a dela ) The 90th day after the	yed effective date, t record is filed.	out not an effect	ive time, at 12:	01 a.m. on the ear	lier of:
Dated 11/30		)20			
Rilmy	Signature of a member	or authorized represer	itative of a member		
Riley Par					
<u> </u>	Typed	or printed name of sig	nee		

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