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SECRETARY OF STATE

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· · · · · · · · · · · · · · · · · · ·	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: IS lan	novada Ecofinish, LCC
	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Jenny Dillon
<del></del>	Name of Ferson
<u></u>	slaurrada EcoFinish, LCC Firm/Company
	309 Palu Ave
	Islamorada, FI 33036
	City/State and Zip Code
	Islamorada, F1 33036  City/State and Zip Code  jennydillon G3@icloud. Com  E-mail address. (to be used for future annual report notification)
For further information concerning	
Jenny D	110n at (843 670 2227
Name 61) Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	z amount:
	0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
<u> </u>	ifficate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:  Registration Section
Registration Section Division of Corporation	Registration Section  Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Morada Ecofinish, LLC

The Articles of Organization for this Limited Liability Company were filed on 3/18/21 and assigned Florida document number <u>L\$1</u>000127875 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) 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 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 amend or remov	ing Authorized Persords	on(s) authorized t	o manage, <u>enter th</u>	e title, name, and addre	ss of each person being added
MGR = AMBR =	Manager Authorized Membe	r			
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D. If am	ending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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E 500		the date of filing: 10/5/22 (optional)
(If an e	ffective 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)
		block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
If the reco		ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1 Oct 5	2022
Dutel		2022. 2022.
		Signaturdor a member or authorized representative of a member
		Jenny Dillon Typed or printed name of signee
		Typed or printed name of signee