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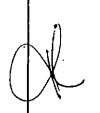
(Requestor's Name)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2022

DMYTRO KHORKOV 4945 LEEWARD LN FORT LAUDERDALE, FL 33312

SUBJECT: ECO BUILD MANAGEMENT, LLC

Ref. Number: L21000353534

We have received your document for ECO BUILD MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CAME IN ON THE SAME DATE AS ANOTHER FILE; FILE IS NOT NEEDED. IF CHANGES ARE INCORRECT FROM OTHER FILE, PLEASE SEND THIS ONE BACK.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 122A00026665

24: 1

COVER LETTER

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	Registration Se Division of Cor			
eun ira		D MANAGEMENT, LLC		
SUBJEC	ΣΤ:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KHORKOV, DMYTRO		
			Name of Person	- · · ·
		ECO BUILD MANAGEM	ENT, LLC	
			Firm/Company	2023
		4945 LEEWARD LN		~
			Address	
		FORT LAUDERDALE, F	L 33312	7:
			City/State and Zip Code	
		ECOBUILDMANAGEME	NT@GMAIL.COM to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please co	·	
	OV, DMYTRO	-	754 230-2982	
	Name o	f Person	at ()	ne Number
Enclosed	l is a check for th	ne following amount:		
€ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO BUILD MANAGEMENT, LLC

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.) 27,73
	(A Fiorida Limited Liability Company)	
The Articles of Organization for this Limited I	iability Company were filed on 09/0	1/2022 and assigned
Florida document number L21000353534		
This amendment is submitted to amend the fol	lowing:	e: 51
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or agent and/or the new registered office address.	•	cords, enter the name of the new register
Name of New Registered Agent:	DANIEL KUTSAYEV	
New Registered Office Address:	22470 ADORN AVE	
	Enter Florid	la street address
	PORT CHARLOTTE	Florida 33952
	City:	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, 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
MGR	Daniel Kutsayeu	22470 Adom Due Port Charlotte FL 3395	
		- Charlotte (C)>1)	□Remove
			Change
			□Add
			PRemove
			□Change
			□Add == :-
		 	☐Remove
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ctive date, if other than the date	of filing:		_ (optional)
effective date is listed, the date must be specified. If the date inserted in this block d	pecific and cannot be prior t	o date of filing or more than 90 d	ays after filing.) Pursuant to 605.020
iment's effective date on the Departi	ment of State's records.	ore statutory ming requireme	ms, ms date will not be noted to
ord specifies a delayed effective date	e, but not an effective tir	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day after th
filed.		•	
CEDTEMBED 10T	2022	ì	
SEPTEMBER IST	2022		
		- A	

Typed or printed name of signee