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MARIANA SELLER

28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECO BIOLIT INVESTMENT, 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:

Chase J Zortman Esq.
Name of Person

Zortman Law
Firm/Company

238 N. Westmonte Dr. Ste 270
Address

Altamonte Springs, FL 32714
City/State and Zip Code

JK@ecobiolit.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chase J. Zortman at (407) 863-1883
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

ATIONUL 10 AM 9:07

Subacute

(A Florida Limited Liability Company)

03/04/2022

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

Name of New Registered Agent:

100%

_____, Florida _____
City Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	M. Duran Bakirci	2555 Forsyth Rd. Suite F	<input checked="" type="checkbox"/> Add
		Orlando, FL 33807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joy Killinger	2555 Forsyth Rd. Suite F	<input checked="" type="checkbox"/> Add
		Orlando, FL 33807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

June 16, 2023

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.

Dated

6 / 19 / 2023

Olav Lillingstad
of a member or authorized representative

Signature of a member or authorized representative of a member

Olav Källinger

Typed or printed name of signee

Filing Fee: \$25.00