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COVER LETTER

Division of Corp	porations				
SUBJECT:	ECO BIOLIT	INVESTMENT, LLC			
SOBSECT.	Name of Lin	Name of Limited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Chose	Name of Person	n Esq.		
	7.1	man Law			
	258 N.	Wethonte D. Address	1. Ste 270		
	Altumo.	AL Springs, FL	32714		
	E-mail address:	a ecobololiti	(6M		
For further information co		·	ication)		
Chase	t. 20/ma	1 407, 863	-1883		
Name of	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filling, e return all correspondence concerning this matter to the following: Chase T Zarfman Esq. Name of Person Zorfman Law Firm/Company 238 N. Westmante Dr. Ste Z70 Address Address Address Gry/State and Zip_Dode The Company E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Mane of Person Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy		
Mailing A 44		S			

TO: Registration Section

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

ARTICLES OF AMENDMENT: : L _ _ _ TO ARTICLES OF ORGANIZATIONUL 10 AH 9: 07 OF

ECO BIOLIT INVESTMENT, LLC ALL ANALYS IN THE

(Name of the Limited Liab (A Flori	ility Company as it now appears on ida Limited Liability Company)	our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	03/04/2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbre	rviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		****
	· · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	****		
	*		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on our recor	ds, <u>enter the name</u>	of the new registere
New Registered Office Address:	Enter Florida si	ireat address	
	Enter Florida street address		
	City	, Florida <u></u>	Zıp Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my a agent as provided for in Chap red office address, I hereby co	duties, and I am fan ter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent, S	Signature of New Regist	ered 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	Name	Address	Type of Action
AMBR	M. Duran Bakirci	2555 Forsyth Rd. Suite F	= Add
		Orlando, FL 33807	□Remove
			☐ Change
AMBR	Joy Killinger	2555 Forsyth Ad. Suite F	■Add
		Orlando, FL 33807	□Remove
			□ Add
			□Remove
			☐ Change
			ПRетоve
			Change
			□Add
			□Remove
			ПСһалде
			□Add
			□Remove
			ПСт

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
Effective date, if other than the date of filing: Une 16, 2023 (optional) (If an effective 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 605.0	1207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	l as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after toord is filed.	the
Dated 6/19/2023	
Signature of a member or authorized representative of a member	
Otav Killinger Typed or printed name of stence	

Filing Fee: \$25.00