## L22000196159

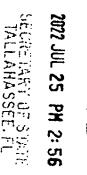
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Tallahassee, FL 32314

	tion Section of Corporations	e.	
	Supply Solutions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Arti	cles of Amendment and fec(s) are sub	omitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	David Alsume		
		Name of Person	
	Eco Supply Solutions LLC		
		Firm/Company	
	19046 Bruce B Downs Bl	vd 1058	
		Address	· · ·
	Tampa, FL 33647		
		City/State and Zip Code	
	ecosupplysolutions@proto		
For further inform	E-mail address:	(to be used for future annual report noti	neation)
Princess Pascal	ation concerning this matter, preuze c	954 3307260	
	Name of Person	at ()	e Telephone Number
	Name of Ferson	Area code Bayani	e reseptione (vanioe)
Enclosed is a chec	ck for the following amount:		
□ \$25.00 Filing	Fee S30.00 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)
	Address:	Street Address:	ction
	ation Section n of Corporations	Registration Se Division of Cor	
	ox 6327	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 25 PM 2: 56

Eco Supply Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

Ords.) TALLAHASSEE, FI

	, , ,		massi, Fl
The Articles of Organization for this Limited Liab	oility Company were filed on 05/0	)1/2022	and assigned
Florida document number L22000196159			
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
	<del></del>		y
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	istered office address on our re		e of the new registered
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of n red agent as provided for in Cl gistered office address. I hereby	ny duties, and I am fa hapter 605, F.S. Or, i	umiliar with and if this document is

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>	Name	Address	Type of Action
AMBR	David Alsume	19046 Bruce B Downs Blvd Num 1058	≅Add
		Tampa, F1 33647	
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			□Add
			□Remove
			□Change
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		(	05/01/2022				
Effective date, if	other than the disted, the date must	date of filing: _		ate of filing or mor	(opt e than 90 days afte	ional) er filing.) Pursuant (	to 605.0207
f an effective date is	inserted in this blo	ock does not mee	t the applicable	statutory filing	requirements, th	is date will not b	e listed as
f an effective date is <b>Note:</b> If the date	ive date on the De	partment of Star	e s records.				
f an effective date is						b) The 90th day	v after the
f an effective date is Note: If the date locument's effect		date but not an	effective time	at 12:01 a.m. on	the earlier of: (		
f an effective date is Note: If the date locument's effect	a delayed effective	date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (	o) The	, arter the
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