

L22 000 2030 74

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

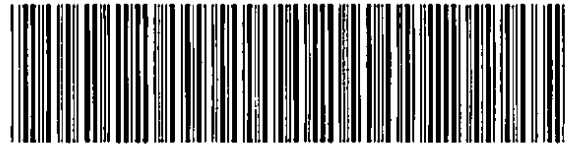
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Q. SILAS

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FILED  
RECEIVED  
2022 AUG -2 AM 10:04  
TALLAHASSEE, FL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/02/2022

**\*\*WALK IN\*\***

ENTITY NAME ECOVERT GLOBAL LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # I20160000072

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ECOVERT GLOBAL 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:

Frank Lanosa

\_\_\_\_\_  
Name of Person

ECOVERT GLOBAL LLC

\_\_\_\_\_  
Firm/Company

101 Milestone Way

\_\_\_\_\_  
Address

West Plam Beach, FL 33415

\_\_\_\_\_  
City/State and Zip Code

frank@ecoverglobal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

800

567-4397

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

ECOVERT GLOBAL LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~  
(A Florida Limited Liability Company)

JUG-22 PM 0:00  
**SECRETARY OF STATE  
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 04/28/2022 and assigned Florida document number L22000203074.

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)**

3744 NW 16th St.

Lauderhill, FL 33311

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

101 Milestone Way

West Palm Beach, FL 33415

**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:

Frank C Lanosa III

New Registered Office Address:

101 Milestone Way

*Enter Florida street address*

West Palm Beach

*City*

, Florida 33415

*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.*

*Frank Lanosa*

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>
MGR	Orlando J Masso	3528 Victor Dr	<input type="checkbox"/> Add
		West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cristina C Laboy	10007 Towne Tower LN	<input type="checkbox"/> Add
		Sugarland, TX 77498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimberly M Rodriguez	10007 Towne Tower LN	<input checked="" type="checkbox"/> Add
		Sugarland, TX 77498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Brooks Cater	3744 NW 16th St.	<input checked="" type="checkbox"/> Add
		Lauderhill, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If 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 the record is filed.

Frank Lanosa

Frank C Lanosa III

Typed or printed name of signee