L23000045467

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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S. ROBERTS MAY 2 3 2023

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations					
	F(0) 3(0) C	0104005			
SUBJECT: ECO 360 SOLUTIONS LLC Name of Limited Liability Company					
m later ca					
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		_			
	Name of Person				
	-	Name of Person			
	ECO 360 Solutions LLC				
	Firm/Company				
	66-19 NW 128+4 WA-/				
	Address				
	Parkland FL 33076				
	City/State and Zip Code				
	Tor	14/410 P. 4 M.L. Co	» pr		
	E-mail address: (t	o be used for future annual report no	otification)		
For further information co	ncerning this matter, please ca	dl:			
Tout Palling		(954)	W - 1590		
Name of Person		Area Code Dayti	me Telephone Number		
Englosed is a about for the	· fallowing amounts				
Enclosed is a check for the	_		–		
■ \$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		Street Address:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO 360 SOLL		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L 2300045467	were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	- · · ·	
Enter new principal offices address, if applicable:	Tony Rollins	
(Principal office address MUST BE A STREET ADDRESS)	Tony ROLLINS 66419 NW 12844 WAY Parkland FL 33076	
	Parkland FL 33076	
Enter new mailing address, if applicable:	Parkland FL 33076	
(Mailing address MAY BE A POST OFFICE BOX)	ParkLand FL 33076	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered	
New Registered Office Address: 664/9	Finter Florida street address Land Florida 33076	
O ./	2207/	
- turi	Land Florida 33076 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 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	
			□Add	
			□Remove	
			☐Change	
		 -	□Add	
			Remove	
			□Change	
			□Add	
			Remove	
			□Add	
		·	□Remove	
			□Change	
			□Add	
			□Change	
			□Add	
			□ Remove	
			□Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 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. Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00