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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: · Registration Section **Division of Corporations**

ECO-KRIS SUBJECT:	TAL GREEN CLEANERS LU	.C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Joseph Montenegro	
		Name of Person	
	ECO-K	RISTAL GREEN CLEANERS	LLC
	.	Firm/Company	
		US19 174TH STREET	
		Address	*
		MIAMI, FL 33157	
		City/State and Zip Code	
		green cleaners2023@myyahoo.	
	E mail addison (to be used for future annual report (iorification)
For further information e	oncerning this matter, please c	all:	
Joseph N	Montenegro	305 721-8160	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Tallahassiv, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ÜF

FILED

y Company as it now appears on our records.) Limited Liability Company) L23000089962 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ECO-KRISTAL GREEN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11518 174TH STREET Enter new principal offices address, if applicable: MIAMI, FL 33157 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) 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: 11518174TH STREET New Registered Office Address: Enter Florida street address

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.

MIAMI City

, Florida 33157
Zin Code

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>	Type of Action
MGR	JOSEPH MONTENEGRO	11518 S.W. 174TH STREET	□Add
		MIAMI FL 33157	CRemove
			□ Change
	<u> </u>	□Remove	
		Change	
		□ Add	
			URemove
		JAdd	
		□Remove	
		\(\sum_\) Add	
	_		□Remove
			Change
			□Remove
			Change

 	
Effective date, if other than the It an effective date is listed, the date must Note: It the date inserted in this blodocument's effective date on the Do	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
e record specifies a delayed effective d is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated APRIL 03	2024
Dated APRIL 03	
Dated	Then by Martine
Jated	Signapore of member of authorized representative of a member

Filing Fee: \$25.00