L24000034708

(Re	questor's Name)	<u> </u>	-
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phone	e #)	-
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	-
(Do	cument Number)		-
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		J. H APR_	ORNE 6 2024
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COVER LETTER

TO:	Registration Se Division of Cor		•	,
1F3		stribution LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Eyal Sharon Esq.		
			Name of Person	
		Sharon Law PLLC		
			Firm/Company	
		3823 SW 49th PL.		
			Address	
		Fort Lauderdale, FL 33312		
			City/State and Zip Code	<u></u>
		eyal@sharonlawpllc.com		ate at a s
in an air			to be used for future annual report no	itification)
ror lurt	ner information c	oncerning this matter, please c		
Eyal Sh	aron Esq.		954 599-2331 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	5.00 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 Addres		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mimi 26 Distribution LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on $\frac{01/17/2024}{1}$ and assigned Florida document number _ 1.24000034708 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Eco House Care LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5965 Stirling Rd Enter new principal offices address, if applicable: Unit #5153 (Principal office address MUST BE A STREET ADDRESS) Davie, FL 33314 5965 Stirling Rd Enter new mailing address, if applicable: Unit #5153 (Mailing address MAY BE A POST OFFICE BOX) Davie, FL 33314

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:

	City:	Zıp Code
	Fort Lauderdale	, Florida ³³³¹²
	Enter FI	orida strvei address
New Registered Office Address:	3823 SW 49th PL.	
Name of New Registered Agent:	Sharon Law, PLLC	

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.

f 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>	Address	Type of Action
MGR	Ran Cohen	5965 Stirling Rd	
	,	Unit #5153	□Remove
		Davie, FL 33314	= Change
			□Add
_			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			Change
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			Remove
			☐ Change

	
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(If an effe Note: !	ve date, if other than the date of filing:
he record ord is file	I 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 ed.
Dated 5	3/7/2024
	()
	Signature of a member or authorized representative of a member