

M21000017134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

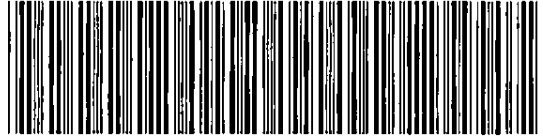
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2025 JAN -8 PM 4:16

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Ref No.: M21000017134
Letter No.: 624A00027266

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eco Enterprises, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Ortega

Name of Person

Dorta and Ortega, P.A.

Firm/Company

3860 SW 8th STREET, PH

Address

CORAL GABLES, FL 33134

City/State and Zip Code

oortega@dortaandortega.com

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

For further information concerning this matter, please call:

Omar Ortega

Name of Person

at (305) 461-5454

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E055 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2024

OMAR ORTEGA, ESQ.
DORTA AND ORTEGA, P.A.
3860 SW 8TH STREET, PH
CORAL GABLES, FL 33134

DEC 23 2024

SUBJECT: ECO ENTERPRISES, LLC
Ref. Number: M21000017134

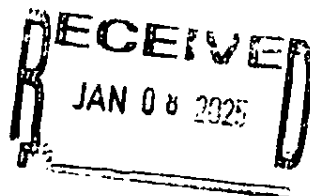
We have received your document for ECO ENTERPRISES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00027266



**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DE ECO ENTERPRISES, LLC

Enter new principal office address, if applicable: 8502 NW 80th Street, Suite 103

(Principal office address
MUST BE A STREET ADDRESS) Miami, FL 33166

Enter new mailing address, if applicable: 8502 NW 80th Street, Suite 103

(Mailing address
MAY BE A POST OFFICE BOX) Miami, FL 33166

2. The Florida document number of this limited liability company is: M21000017134

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/15/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Dorta and Ortega, P.A.

New Registered Office Address: 3860 SW 8th Street, PH

Enter Florida Street Address

Coral Gables, Florida 33134

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.

X Omar Ortega

If Changing Registered Agent, Signature of New Registered Agent

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HALLANDALE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.P,C	Matthew G. DeSoto	2550 Interstate Drive, Suite 400	<input type="checkbox"/> Add
		Harrisburg, PA 17110	<input checked="" type="checkbox"/> Remove
TRESUR	Joe Person	2550 Interstate Drive, Suite 400	<input type="checkbox"/> Add
		Harrisburg, PA 17110	<input checked="" type="checkbox"/> Remove
SECRET.	Robert Reed	2550 Interstate Drive, Suite 400	<input type="checkbox"/> Add
		Harrisburg, PA 17110	<input checked="" type="checkbox"/> Remove
AUTH M	PGT Innovations, LLC	2550 Interstate Drive, Suite 400	<input type="checkbox"/> Add
		Harrisburg, PA 17110	<input checked="" type="checkbox"/> Remove
MGR/AM	FRANK MATA	8502 NW 80th Street, Suite 103	<input checked="" type="checkbox"/> Add
AMBR/ PRESIDENT		Miami, FL 33166	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/VIC	SAMUEL BRAVO	8502 NW 80th Street, Suite 103	<input checked="" type="checkbox"/> Add
Vice President		Miami, FL 33166	<input type="checkbox"/> Remove
AMBR	Eco Starship, LLC	8502 NW 80th Street, Suite 103	<input checked="" type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X Omar Ortega
Signature of the authorized representative

Omar Ortega

Typed or printed name of signee

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