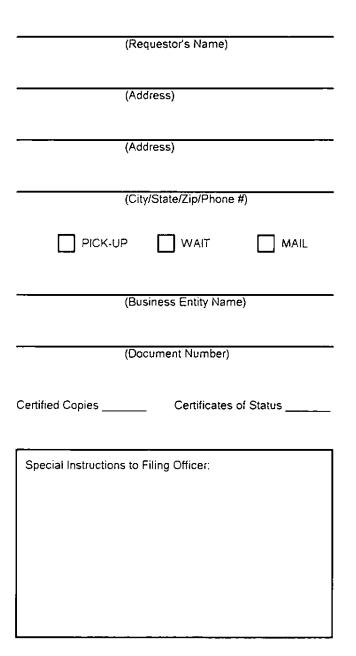
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Office Use Only



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## **COVER LETTER**

Division of Corpo	orations				
SUBJECT:	εB	Homes			
		Name of Lir	nited Liability Company		
The enclosed Articles of A	mendment a	nd fee(s) are su	bmitted for filing.		
Please return all correspond	ience conce	rning this matte	r to the following:		
		Edwa	Name of Person		
		<u> </u>	Name of Person		
		EB	Homes LLC Firm/Company		
			Firm/Company	-	
	7	107 A	lafia Drive		
			Address		
	1	Rivervie	City/State and Zip Code	3578	
		2b - h	omes @ yahoo.	COM	ion)
				report normeat	nnt)
For further information con	ncerning this	s matter, please	call:		
Edward	Buc-	ton	at ( <u>\$13</u> )	728-	3045
Name of	Person		Area Code	Daytime Te	lephone Number
Enclosed is a check for the	following a	mount:			
□ \$25.00 Filing Fee	_	Filing Fee &	☐ \$55.00 Filing Fee &	હ	\$ \$60.00 Filing Fee.
325.00 Filing Fee		icate of Status	Certified Copy (additional copy is enc		Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO: Registration Section

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

EB Homes L	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>レル7ゆみゆり321</u> .	ere filed on $1/3/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
Edward Burton L	-LC
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:	22
(Principal office address MUST BE A STREET ADDRESS)	F2
_	AR.
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ਂ</u> ਨੂੰ
	38
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Name	Address	Type of Action
			□ Remove
			□Change
<del></del>			□ Add
			Remove
		<del></del>	□Add
			□ Remove
			□Add
		<del></del>	□Remove
<del></del> -		<del></del>	□Add
			Remove
			☐ Change
			□Remove
			∏ Change

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Filing Fee: \$25.00