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EXAMINER

COVER LETTER

TO: Registration Son Division of Con			
SUBJECT:	ERNST & WE	BB, LLC	<u></u>
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	DAVID	L. ERNST (Name of Person)	
	ERNST F	(Firm/Company)	
•	7507 1	TRAL PARKE BLVI	- 11-01
	1387 CEN	(Address)	5. UNIT 4
	MASON	D410 45044	
	. "100."	(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
TAND	L. ERNST	at (<u>513</u>) <u>721-130</u> (Area Code & Daytime T	00
(Name	of Person)	(Area Code & Daytime T	Celephone Number)
Enclosed is a check for t	he 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)
en e			
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.	
ERNST & WESB LI	20 No as it now appears on our records.)
	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on MAY 27, 2004 and assigned a
Florida document number <u>L04000041351</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	•
Enter new principal offices address, if applicable:	ERNST ! WEBB, LLC 7587 CENTRAL PARKE BLVD, UNIT CI
(Principal office address MUST BE A STREET ADDRESS)	7587 CENTRAL PARKE BLVO, UNIT C/
	MASON, 0410 45040
Enter new mailing address, if applicable:	FRAST & WEBB, LLC 7587 CENTRAL PARKE BLUD, UNITCI MASON, OHIO 45040
(Mailing address MAY BE A POST OFFICE BOX)	7587 CENTRAL PARKE BLUD, UNITCI
	MASON, 0410 43040
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent. Rob	ERT L. ERNST
New Registered Office Address: 260	ERT L EENST 42 CLARKSTON DR.
Bown	(Enter Florida street address) FA SPRINGS, Florida 34135 (City) (Zip Code)
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
Title	<u>Name</u>	Address	Type of Action
MGEM	DAVID L. EENST	6221 WINDHAM CT. LIBERTY TOWNSHIP, DULD 45044	_ ⊠ Add ☐ Remove
MGEM	MARK A. HEGEMANN	8091 EVERGREEN LANE LIBERTY TOWNSHIP, DUKO 45044	Add Remove
MGEM	CHARLES T. ROGERS	41 BURNS AVENUE WYDMING, OUIO 45215	_ A Add Remove
			No Semov
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			
			_
Dated	WHAR 1 18 200	<u>9</u> .	
-	PAVID L. ERNST	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00