## L050000 65194

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B. BOSTICK
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EXAMINER

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor	ction porations			7					
SUBJE	ст:ЕЬ	ert Iv			oldings	LLC				
			Name of Lin	uited Liability	Company					
The end	closed Articles of	Amendment an	d fee(s) are su	ibmitted for fi	ling.					
Please 1	return all correspo	ndence concern	ing this matte	er to the follow	ving:					
		S	nane	Ebert	of Person					
		E	bert.	Invest	meut l	toldiv	ngs, U	С		
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	Shane Es			at (_	305 <sub>)</sub> 773			14.55E		**************************************
	Name of	Person			Area Code & I	Daytime Tele	phone Number	LAHASSIE TLORID	₩ ₩	4
Enclose	d is a check for the	e following am	ount;					<u> </u>	တ	
<b>\$25</b> .	00 Filing Fee	\$30.00 Fili Certifica	ng Fee & te of Status	Certin	Filing Fee & ied Copy ional copy is end	[closed)	\$60.00 Filir Certificate Certified ( (additiona	ng Fee, e of Status Copy		:d)
	Registra Division P.O. Bo	NG ADDRESS tion Section of Corporation x 6327 see, FL 32314	18		STREET/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	Section forporations ing ve Center (	<b>;</b>			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ebert Iwestwew (Name of the Limited Liability Co (A Florida Lim	+ Holdings, LLG	ur records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>Los 0000 65 194</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
N/A		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<i>1</i>	
·		FC 7
Enter new mailing address, if applicable:	N/A	10
(Mailing address MAY BE A POST OFFICE BOX)	7	en e En e
		The state of the s
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our re <u>s here</u> :	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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 = N MGRM =	Manager • Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank Mont	eiro 837 Heritage Driv Weston, FL. 333	Add Add Remove
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 	Narch 8	on, enter change(s) here: (Attach additional sheets, if ne	TALLANASSEE, JORGOA
		ture of a member or authorized representative of a member  1	

Page 2 of 2

Filing Fee: \$25.00