#10700000135

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #))
PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
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K. SALY EXAMINER JAN -7 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

JACOBS ASSET GROUP, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard A. Jacobs

Name of Person

Jacobs Capital Partners, LLC

Firm/Company

916 Indian Beach Drive

Address

Sarasota, FL 34234

City/State and Zip Code

Howard@JacobsCapitalPartners.com

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

For further information concerning this matter, please call:

Howard A. Jacobs

at (941) 358-6868

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

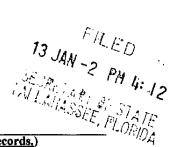
Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JACOBS ASSET GROUP, 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 Li	ability Company	were filed on 12/29/2006	and assigned
Florida document number L0700000135	··		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liabi	ility company here:	
EBH, LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	no change	,
(Principal office address MUST BE A STREE	T ADDRESS)		
	,		
Enter new mailing address, if applicable:		no change	
(Mailing address MAY BE A POST OFFICE	BOX)	•	
·		<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	no change		
New Registered Office Address:	no change		
		Enter Florida str	reet address ·
		, Flor	
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** no change Remove no change no change no change no change Remove no change Remove

no change	
December 29	2012
December 29	
	ure of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00