

W09000101142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

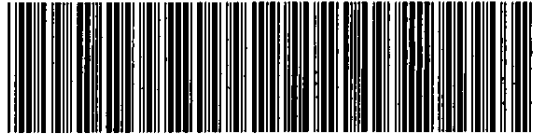
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 20 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: eBusiness Factory, LLC
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:

Jonathan Strawder
Name of Person

eBusiness Factory, LLC
Firm/Company

305 Ryder Lane, Suite 1319
Address

Casselberry, FL 32707
City/State and Zip Code

john@vibramed.cc
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Strawder at (352) 216-1187
Name of Person Area Code & Daytime Telephone Number

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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) ☐ \$60.00 Filing Fee, 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**

eBusiness Factory, 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 Liability Company were filed on October 19, 2009 and assigned
Florida document number L09000101142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

305 Ryder Lane

Suite 1319

Casselberry, FL 32707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

305 Ryder Lane

Suite 1319

Casselberry, FL 32707

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B. If amending the registered agent and/or registered office 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:

Jonathan M Strawder

New Registered Office Address:

305 Ryder Lane, Suite 1319

Enter Florida street address

Casselberry

Florida

32707

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

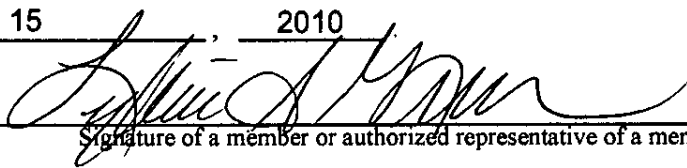
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lydia Green	235 Timberland Ave Longwood, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jonathan M Strawder	305 Ryder Lane Suite 1319 Casselberry, FL 32707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Samir Najjar, MD, PhD	PO Box 690211 Orlando, FL 32869	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sylvia Joksch	11303 Burberry Court Riverview, FL 33569	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 15, 2010



Signature of a member or authorized representative of a member

Lydia Green

Typed or printed name of signee