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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEF FI OR ITAL

J. BRYAN

NOV -9 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporation | | | | |
|--|---|--|---|-------|
| SUBJECT: FBJ | Francial Grow | p LCC | | |
| SUBJECT | Name of Limite | d Liability Company | | |
| | | | TAI TAI | 2 |
| | nendment and fee(s) are submence concerning this matter t | - | CRETARY LAHASS | |
| | - | Name of Person | ECRETARY OF STATE | FILED |
| | | Firm/Company | » · | |
| | | Firm/Company F13 57 #300 Address | | |
| | - ((- | Address | | |
| ` `. | | City/State and Zip Code | | |
| | | City/State and Zip Code | | |
| | E-mail address: (to | be used for future annual report notificati | on) | |
| For further information con- | cerning this matter, please ca | 11: | | |
| Manny Bully | <u>Sr</u> | at (30) 817 - 174 Area Code & Daytime Te | Janhone Number | |
| Namajor P | oi soit | raca code de Dayame Te | iophono rumooi | |
| 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 a | |
| | G ADDRESS: on Section | . STREET/COURIER Registration Section | 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

| EBS Financial Group, Lt | C | |
|--|--|--|
| (Name of the Limited Liability C (A Florida Liability C | Company as it now appears on ou mited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L 11</u> 0000 4103 | mpany were filed on | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and end with the words "L.L.C." | s "Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | *** | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | 75 28 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | FILE 2 NOV -8 PM CORE TARY OF LAHASSEE, F |
| MAT BE A POST OFFICE BOAT | | 08 22 U |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | - |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Floi | rida 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 = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|---|----------------|
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| | | 301 Clemens 54 #300 Cupst Palm Bch, PC 33401 | Remove |
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| amenqing | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| | |
| | Signature of a member or authorized representative of a member |
| | Emmine Bully 150 |
| _ | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

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