## L11000177716

| (Re                     | equestor's Name)    |                 |
|-------------------------|---------------------|-----------------|
| (Ac                     | ddress)             |                 |
| (Ac                     | ddress)             |                 |
| (Ci                     | ity/State/Zip/Phone | <del>,</del> #) |
| PiCK-UP                 | ☐ WAIT              | MAIL            |
| (Bi                     | usiness Entity Nam  | ne)             |
| (De                     | ocument Number)     |                 |
| Certified Copies        | Certificates        | of Status       |
| Special Instructions to | Filing Officer:     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
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## **COVER LETTER**

| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Cornerations |

E B SOUTHERN INVESTMENTS, 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:

**Candy Brownlow** 

Name of Person

John P. Maas, Attorney at Law

Firm/Company

44 N.E. 16 Street

Address

Homestead, FL 33030

City/State and Zip Code

DONNABATEMAN3@AOL.COM

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

For further information concerning this matter, please call:

Candy Brownlow

<sub>at</sub> (305) 247-713)

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)

□ \$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

| EBS<br>(Name of the Lim  | SOUTHERN IN<br>ited Liability Compa | IVESTMENTS, I<br>any as it now appears o<br>Liability Company) | LC on our records.)                          |  |
|--|-------------------------------------|--|--|--|
| The Articles of Organization for this Limited Florida document number <u>L11000137310</u>                          | Liability Company                   |  |  |  |
| This amendment is submitted to amend the fo  | llowing:                            |  |  |  |
| A. If amending name, enter the new name  | of the limited liab                 | oility company here  | <b>;</b>                                     |  |
| N/A  |                                     |  |  |  |
| The new name must be distinguishable and end with the  | e words "Limited Lial               | bility Company," the des                                       | signation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:  |                                     | N/A  |  |  |
| (Principal office address MUST BE A STRE   | ET ADDRESS)                         |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                              |                                     | N/A  |  |  |
| B. If amending the registered agent and registered agent and/or the new registered.  Name of New Registered Agent: |                                     |  | ur records, enter the name of the no         |  |
|  |                                     |  |  |  |
| New Registered Office Address:   | <u>N/A</u>                          | Enter Florida  | a street address                             |  |
|  |                                     | Florida  |  |  |
|  |                                     | City   | , Florida<br>Zip Code                        |  |
| New Registered Agent's Signature, if changing  | Registered Agent:                   | <u>.</u>   |  |  |
| I hereby accept the appointment as register provisions of all statutes relative to the pro                         |                                     |  |  |  |

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** 3150 Fairways Drive **DONNA BATEMAN** MGR ■ Add Homestead, FL 33035 ☐ Remove □ Add \_□ Remove ☐ Remove ☐ Add □ Remove ☐ Remove □ Add \_□ Remove

|           | N/A  |
|-----------|--|
| -         |  |
| -         | •  |
| -         |  |
| -         |  |
| (The effe | tive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State) |
| Dated     | September 30 , 2014  |
|           | Jan Del  |
|           | Signature of a member or authorized representative of a member STEVEN BATEMAN  |
|           | Typed or printed name of signee  |

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Filing Fee: \$25.00