2/2000068905

· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

EBM Advisory Group, 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:

Glen E Meinecke

Name of Person

EBM Advisory Group, LLC

Firm/Company

1114 11th Lane

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

glen@meinecke-us.com

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

For further information concerning this matter, please call:

Glen Meinecke

317,696-2352

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

EBM Advisory Group, LLC						
(Name of the Limiter	l Liability Compar A Florida Limited L	ny as it now appears lability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document number <u>L12000068905</u>	iability Company	were filed on May	22, 2012	and :	assigned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:	:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compan	y," the designation			atio
Enter new principal offices address, if appli	cable:	1114 11th Lar	ne	25.2	∾ ~	
(Principal office address MUST BE A STREE	ET ADDRESS)	Palm Beach G	ardens	SER	ω :	1
		FL 33418		31	TH	ا مستمار أو ال
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	PAY	1114 11th Lar		STATE OF THE STATE	<u>भ</u> अ	
inating dualess MAT BE A FOST OFFICE	BUX)	FL 33418		.		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	r records, <u>ente</u>	er the name	e of the	nev
New Registered Office Address:	1114 11th I	_ane				
New Registered Office Address.		Ente	r Florida street (address		
	Palm Beac	h Gardens	, Florida	33418		
		City	, Pionua	Zip Co	ode	_
				-		

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
MGR	Trudy B Meinecke	1114 11th Lane	Add
		Palm Beach Gardens	Remove
		FL 33418	
			Add
			Remove
			Add
)>. (5)	Remove
		; " "\ 	Add
		······································	Remove
			Add
			Remove

			Add
		******	Remove

). If amending any other informatio	n, enter change(s) here: (Attach additional she	eets, if necessary.)
Contombou 10	2042	
September 18	, <u>2013</u>	
Attained	e, Manager	
Glen E. Meineck	ure of a member or authorized representative of a m	iember
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	2013 SEP
		7.50 9.00 9.00 9.00