

L12 000 126945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

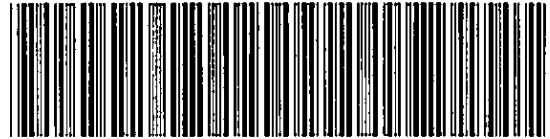
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/20--01002--005 **60.00

04/27/20--01012--002 **61.25

2020 MAY 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eubanks Family LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIM Eubanks
Name of Person
Eubanks Family LLC
Firm/Company
61 KOKOMO ROW
Address
Destin FL 32541
City/State and Zip Code
K.eubanks@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM Eubanks at (601) 604-3294
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eubanks family 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 10/4/12 and assigned
Florida document number L12000126945

RECEIVED
ALLAHADSE
MAY 20 AM 11:21

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

61 Kokomo Row
Destin FL 32541

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:

Kim Eubanks

New Registered Office Address:

61 Kokomo Row

Enter Florida street address

Destin

City

Florida

32541

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 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.

KEB

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	A. Shaun Elbanks	45 Flamingo Dr 5213 FL 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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Former address:
272 Champion Ct
Destin FL 32541

☐ Change

☐ Add

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2008 MAY 20 11:30
CALLAHAN COUNTY FLORIDA

SECRETARY OF STATE
WASHINGTON, D.C. 20520

2022 MAY 20 AM 11:21
SECURITY STATE
HALL HASTEN, FLORIDA

2/1/20

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/11/20

YBEb
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kim B Eubanks

Typed or printed name of signee

Filing Fee: \$25.00