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COVER LETTER

TO: Registration Section Division of Corporati	ions
SUBJECT: EP &	CB Commercial Rentals, LLC Name of Limited Liability Company
The enclosed Articles of Amen	adment and fee(s) are submitted for filing.
Please return all correspondence	the concerning this matter to the following:
	EVELYN Pijanowski Name of Person
	Name of Person EP & CB Commercial Rentals, LLC Firm/Company
	14381 Irving St.
<u>.</u>	Brooks Ville FLorida 34609 City/State and Zip Code epijanowski @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concern	
0	on at (352) 585-3351 Area Code Daytime Telephone Number
Enclosed is a check for the following	lowing amount:
S \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

EP & CB Comme	reial Kentals, LLC	
(Name of the Limited Lia	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on $\frac{12/10/30/2}{44.41}$ and assigned	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain 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 AD	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the no	<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:	\$ \\ \tag{2}	
	Enter Florida street address	. 1
_	Florida ZipCode ZipCode	ς.
New Registered Agent's Signature, if changing Register		ĩ
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the demplete performance of my duties, and I am familiar with and defeat as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.	ıе

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>		Type of Action
AMBR	Joseph A. Pijanowski, Sr.	14381 Irving St. Brooksville FL	D Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
	•		_□ Change
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(If an o	ctive date, if other than the date of filing:	5.0207 (3)(t ted as the
If the r	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	ier of:
(b) Th	d May 26, 2017.	
(b) Th	Luelyn Rejanouski Agnature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00