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## **COVER LETTER**

Division of Corporations
SUBJECT: EB Property Maintenance 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:
Erik Hill
EB Property Maintenance LLC
14209 Rothschild Ave.
Port Charlotte, FL. 33953  City/State and Zip Code  EBPM 2014 @ gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erik Hill at (911) 457-5296  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

EB Proper- (Name of the Limite)	Hy May d Liability Compan A Florida Limited L	HENGACE  IV as it now appears on inability Company)	LLC 1 our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on $7$	-28-14	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with the well that the well that the mean principal offices address, if applicary the control of	ble:	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	8 <u>0X)</u>	14209 P Port Ch	nothschild arlotte, F	Ave. L. 33953
B. If amending the registered agent and/or the new registered off			ur records, enter (	he name of the new
Name of New Registered Agent: New Registered Office Address:	Eri 14209 Port Cl	Rothsch Enter Florida Nar Lotte City	street address , Florida	339.53 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.

If Changing Registered Agent, Nignature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Micole A. Hill	14209 Rothschild Ave. Port Charlotte, FL 33953	Add
		Port Charlotte, FL 33953	Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			 Add Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Remove
		·	🗆 Remove

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he effective date must be s	r than the date of filing pecific, cannot be prior to da led by the Florida Departmen	te of receipt or filed date and	(optional) cannot be more than 90 days after
···········	29th	, 2614	
ated <u> </u>			
ated <u>JOI</u>	Sage	member of authorized repres	

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Filing Fee: \$25.00