

L13000107773

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EBENEZER 7:12 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:

JULIO R. CARRION, ESQ.
Name of Person

CARRION + GUZMAN, P.A.
Firm/Company

1004 VERONA STREET
Address

KISSIMMEE, FLORIDA 34741
City/State and Zip Code

CARRIONGUZMANLAW@EMBARC MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO R. CARRION
Name of Person

at (407)
Area Code

944-1009
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

EBENEZER 712 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 7/30/2013 and assigned
Florida document number L13000107733.

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 end with 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 ADDRESS)

1004 VERONA STREET

KISSIMMEE, FLORIDA 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1004 VERONA STREET

KISSIMMEE, FLORIDA 34741

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:

JULIO R. CARRION

New Registered Office Address:

1004 VERONA STREET

Enter Florida street address

KISSIMMEE

City

Florida

34741

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, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR	MARCOS CORDERO FERNANDEZ	1004 VERONA STREET	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34741	<input type="checkbox"/> Remove

MGR JOSE R. ESCOBAR 5291 SUNSET CANYON DR. ☐ Add
KISSIMMEE, FLORIDA ☒ Remove

_____ ☐ Add
 _____ ☐ Remove

					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove

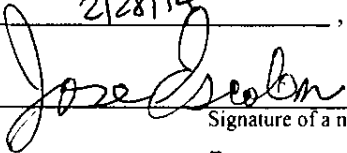
_____ ☐ Add
_____ ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/28/14, _____



Signature of a member or authorized representative of a member

JOSE ESCOBAR

Typed or printed name of signee

FILED
MAR 3 11 06 AM '14
16 HRS - 3 AM 9:06