

L14 000011568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

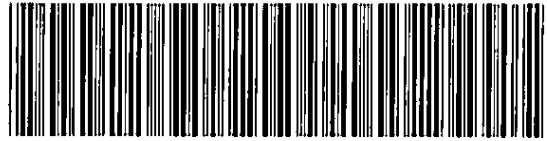
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ALLAHASSEE, ALA
SECRETARY OF REVENUE
2021 NOV - 9 AM 1:48
FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL Big Man, 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:

Eliander Salvador

Name of Person

EL Big Man, LLC.

Firm/Company

4765 OLD GOLDENROD RD. STE. 1

Address

ORLANDO, FL. 32822

City/State and Zip Code

elbigmanllc@gmail.com

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

For further information concerning this matter, please call:

Eliander Salvador

407

967 - 9194

at (_____) _____

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**

FILED

2021 NOV -9 AM 1:48

EL Big Man, LLC.

SECRETARY OF
TALLAHASSEE

(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 01/22/2014 and assigned Florida document number L14000011568.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EBM MultiService, LLC.

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:

6441 South Chickasaw Trl. Ste. 192

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL. 32822

Enter new mailing address, if applicable:

6441 South Chickasaw Trl. Ste. 192

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL. 32822

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:

New Registered Office Address:

6441 South Chickasaw Trl. Ste. 192

Enter Florida street address

Florida

City

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

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

