## L14000011568

(Address) (Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
NOV - 9 2021

400372753164

11/09/21--01009--012 \*\*25.00



Office Use Only

## **COVER LETTER**

TO:	Registration Section 💡
	Division of Corporations

<sup>\*</sup>EL Big Man, LLC. SUBJECT:

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 AH 1:48

Zıp Code

EL Big Man, LLC.		「読む」	RETARY OF	
( <u>Name of the Limite</u>	d Liability Comp. A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liz Florida document number L14000011568	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		
EBM MultiService, LLC.				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or th	ie abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	6441 South Chickasaw Trl. Ste. 1	92	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL. 32822		
Enter new mailing address, if applicable:		6441 South Chickasaw Trl. Ste. 1	92	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL. 32822		
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, <u>enter the n</u>	name of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	6441 South C	hickasaw Trl. Ste. 192		
	· · · · ·	Enter Florida street address		
		, Florida	I	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Change
			🗆 Add
			🗆 Remove
		<u></u>	
			ŪAdd
			□Change
			🗆 Add
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			□Add
			bbA 🗆
			□Change

D.	If amending any other	information, enter	change(s) here:	(Attach additional sheets,	if necessary)
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 9th		
	Signature of a member or authorized representative of a member	
	Signadae of a member of addictized representative of a member	
	Eliander Salvador	

Typed or printed name of signee

Filing Fee: \$25.00