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STATE OF CONNECTICUT
DIVISION OF CORPORATIONS
18 JUN 29 PM 3:41/6

N COOPER
JUL 02 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EBL Ventures, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eli Loch

Name of Person

Firm/Company

280 Port Charlotte Dr.

Address

Ponte Vedra, FL 32081

City/State and Zip Code

elisloch@gmail.com

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

For further information concerning this matter, please call:

Kaela Andersen

800

375-2453

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EBL Ventures, 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 01/26/2015 and assigned
Florida document number L15000015387.

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 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 ADDRESS)

280 Port Charlotte Dr.

Ponte Vedra, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

280 Port Charlotte Dr.

Ponte Vedra, FL 32081

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:

Eli Loch

New Registered Office Address:

280 Port Charlotte Dr.

Enter Florida street address

Ponte Vedra

City

Florida 32081

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>
MGR	Eli Loch	280 Port Charlotte Dr.	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jennifer Loch	280 Port Charlotte Dr.	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Ethan Loch	280 Port Charlotte Dr.	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Noah Loch	280 Port Charlotte Dr.	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2000

SECRETARY OF DEFENSE
DIVISION OF MILITARY PERSONNEL

13 JUN 20 03

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.

Dated June 21, 2018

Signature of a member or authorized representative of a member

Eli Loch

Typed or printed name of signee