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COVER LETTER

División of Co	rporations		
EBHS Co	nstruction Services LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Michael Buis		
		Name of Person	
		Firm/Company	
	1201 Hamlet Ave		
		Address	
	Clearwater FL 33756		
		City/State and Zip Code	
	mbuis@orangeblossomcons		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Michael Buis		727 804-4305 at ()_	
Name	of Person	Area Code Daytim	e 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:

TO:

Registration Section

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

EBHS CONSTRUCTION SERVICES, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Compl	pany were filed on 04/03/2015	and assigned
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 ADDRES	(S)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		1777
		2V 3
B. If amending the registered agent and/or register	ed office address on our records,	enter the name of the n
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		2: 35 Loring
		3
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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>	Type of Action
AMBR	Steven Buis	680 Brookfield Dr, Largo, FL 3377	
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ective date, if other than the effective date is listed, the date multiple:  If the date inserted in this burnent's effective date on the I	ist be specific and lock does not r	d cannot be prior neet the applica	to date of filing o able statutory fi	r more than 90 days	optional) after filing.) Pursu this date will n	unt to 60 ot be lis	)5.0 sted
record specifies a delaye The 90th day after the re			t an effectiv	e time, at 12:0	)1 a.m. on th	ne earl	ier
nted NOV, 23		, 2015	·				
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Page 3 of 3

Filing Fee: \$25.00