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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	egistration Sec ivision of Corp			
CUDIDAT		STRUCTION SERVICES, LI	LC	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		MISTY BUIS		
			Name of Person	
		EBHS CONSTRUCTION	SERVICES, LLC	
			Firm/Company	
		2200 TALL PINES DR.		
		<u> </u>	Address	
		SUITE 106		
			City/State and Zip Code	
		-	SOMCONSTRUCTION.COM to be used for future annual report no	tification)
For further	information co	ncerning this matter, please ca	•	
MISTY B	UIS		256 289-0676 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is	s 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

CES, LLC		
ited Liability Compa (A Florida Limited I	ny as it now appears on a Liability Company)	our records.)
lowing:		
of the limited liab	ility company here:	
words "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
icable:	2200 TALL PINES	DR.
(Principal office address MUST BE A STREET ADDRESS)		5 = 1
_	LARGO, FL 33771	927
	2200 TALL PINES	DR.
E BOX)		
	LARGO, FL 33771	
		r records, <u>enter the name of the new</u>
8738 134TH S	T. N	
	Enter Florida s	treet address
SEMINOLE	_	, Florida 33776
	City	Zip Code
	ted Liability Compa (A Florida Limited I Liability Company Liability Company lowing: of the limited liab words "Limited Liabi cable: ET ADDRESS) d/or registered of office address her MISTY BUIS 8738 134TH S	tied Liability Company as it now appears on (A Florida Limited Liability Company) Liability Company were filed on 04/02/2 lowing: tof the limited liability company here: words "Limited Liability Company," the design 2200 TALL PINES SUITE 106 LARGO, FL 33771 2200 TALL PINES SUITE 106 LARGO, FL 33771 Alfor registered office address on out office address here: MISTY BUIS 8738 134TH ST. N Enter Florida s SEMINOLE

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.

f, Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action		
AMBR	MISTY BUIS	8738 134TH ST. N	= Add		
		SEMINOLE, FL 33776	□ Remove		
			☐ Change		
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		delayed ef the record		te, but no	t an effect	tive time, a	at 12:01 a	.m. on the o	earlier (
ted	<u> </u>		,		·				
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Page 3 of 3

Filing Fee: \$25.00