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(Requ	uestor's Name)	
(Addı	ress)	
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COVER LETTER

TO: Registration Se Division of Cor				
	ement LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Etta Strehle			
		Name of Person		
	EB Management LLC			
		Firm/Company		
	6406 Grenada Island Ave			
	·	Address		
	Apollo Beach, FL 33572			
	ettastrehle@aol.com	City/State and Zip Code	2015 SECI	
	E-mail address: (1	to be used for future annual report notifi	ication)	
For further information of	oncerning this matter, please ca	all:	H3	
Etta Strehle		813 420-5216 at ()	E.F.C	Ü
Name o	of Person		Telephone Number	,
Enclosed is a check for the	he 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

EB Management LLC	·	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 7/2/2015	and assigned
Florida document number L15000115045		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
EB Family Holdings LLC		
he new name must be distinguishable and contain the words "Limited L	iability 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	1	
Transpur office unaress MOST DE A STREET ADDRESS		
		3 2
		2015 SEC
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ASTA [
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3. If amending the registered agent and/or registered	office address on our records	s, enter the name of the
egistered agent and/or the new registered office address l		10 N
		, , ,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	E1.	orida
	City	Zin 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>	Name	Address	Type of Action
			Add
			Remove
			Change
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			☐ Remove
			☐ Change
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Filing Fee: \$25.00