## L16000018833

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## COVER LETTER

			COVERLETTER	
TO:				
CITO IE				
SUBJE		Name of Li	mited Liability Company	
The enc	losed Articl	es of Amendment and fee(s) are st	ibmitted for filing.	
Picase re	eturn all cor	rrespondence concerning this matte	er to the following:	
		JIMNIE L APOLLON		
		**************************************	Name of Person	ruining and a second
		EBENEZER CARS, LL	C	
		14	Firm/Company	- Militar
		1901 ROBERT D CONL	ELLC  Name of Limited Liability Company  ent and fee(s) are submitted for filing, oncerning this matter to the following:  REL APOLLON  Name of Person  NEZER CARS, LLC  Firm/Company  ROBERT D CONLAN BLVD NE  Address  MBAY, FL 32905 34  City/State and Zip Code  IDON2 15@GMAIL.COM  E-mail address: (to be used for future annual report notification)  g this matter, please call:  A 407 808-8430  at (	
	Registration Section Division of Corporations  EBENEZER CARS, LLC  T: Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing, turn all correspondence concerning this matter to the following:  JIMNIE L. APOLLON  Name of Person  EBENEZER CARS, LLC  Firm/Company  1901 ROBERT D CONLAN BLVD NE  Address  PALM BAY, FL 32905 34  City/State and Zip Code  BRENDON215@GMAIL.COM  E-mail address: (to be used for future aritual report notification)  er information concerning this matter, pleuse call:  MY PIERRE-LOUIS, CPA  Name of Person  At 407  Name of Person  Area Code  Daytime Telephone Number  Lisarchicektor the following amounts:  ODEFiling Fee: Certificate of Status  Certificate Of Status & Certificed Copy  Certificed Copy			
		PALM BAY, FL 32905	34	
			City/State and Zip Code	
Division of Corporations  EBENEZER CARS, LLC  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:  JIMNIE L APOLLON  Name of Person  EBENEZER CARS, LLC  Firm/Company  1901 ROBERT D CONLAN BLVD NE  Address  PALM BAY, FL 32905 34  City/State and Zip Code  BRENDON215@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  VLADIMY PIERRE-LOUIS, CPA  Name of Person  Area Code  Daytime Telephone Number  Enclosed as a check-for the following amount:  \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is neclosed)				
		E-mail address	to be used for future annual report notif	ication)
For furt	her informat	tion concerning this matter, please	cali:	
VIADI	MY PIERR	re-Louis, CPA		
	N		Area Code Daytime	e Telephone Number
Enclose	d sva check	for the following amounts		
\$25	:00;Fillog`F	空》 □ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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 Tullahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBENEZER CARS, LLC	2 2	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears ou our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000018833	were filed on 01/27/2016 and assigned 2	
This amendment is submitted to amend the following:	<b>"</b>	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1901 ROBERT J CONLAN BLVD NE	
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY, FL 32905	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent: 21mn	ie L. Apollow	
New Registered Office Address: 1901	Robert J CONIAN BLUD NE	
Palm	Bay Florida 23905  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.

Changing Registered Agent Signatury of Sew Registered Age

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>	<u>Name</u>	Address	Type of Action
MGR	LEONEL BERTILIEN	1901 ROBERT D CONLAN BLVI	🗆 Add
		PALM BAY, FL 32905	Remove
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ffect	ive date, if other than the date of filing:(optional)
iote:	fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	FEBRUARY 17TH 2016
aicu	
acc	Signature of a member of a member.

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Filing Fee: \$25.00