1140000123534

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100285689951

100285689351 05/23/16--01046--003 ***60.00

SCOREWAY 23 P 4 02

MAY 24 2013 BRUCE

COVER LETTER

	ng and Communications LLC	2		
	Name of Limi	ited Liability Company	A CONTRACTOR OF THE	
d Articles of A	mendment and fee(s) are subr	mitted for filing.		
n all correspond	dence concerning this matter t	to the following:		
	Herlande Joseph			
		Name of Person		
	EBG Marketing and Comm	nunications LLC		
		Firm/Company	-	
	2626 Nw 98th Way			
		Address		
	Coral Springs, FL 33065		•	
	kjonftd@gmail.com	City/State and Zip Code		
		to be used for future annual report notific	cation)	
information con	ncerning this matter, please ca	all:	2016 SEC TALL	
oh		954 918-4917 at ()	<u> </u>	
Name of I	Person	Area Code Daytime	me T	FILED
a check for the	following amount:		STATE OR	U
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	•
	d Articles of Ann all correspond	Name of Limited Articles of Amendment and fee(s) are substant all correspondence concerning this matter. Herlande Joseph EBG Marketing and Communication Springs, FL 33065 kjonftd@gmail.com E-mail address: (to be following amount: Pilling Fee \$30.00 Filling Fee &	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Herlande Joseph Name of Person EBG Marketing and Communications LLC Firm/Company 2626 Nw 98th Way Address Coral Springs, FL 33065 City/State and Zip Code kjonftd@gmail.com E-mail address: (to be used for future annual report notifitinformation concerning this matter, please call: ph Name of Person The photograph of the policy of the photograph of the photograp	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Herlande Joseph Name of Person EBG Marketing and Communications LLC Firm/Company 2626 Nw 98th Way Address Coral Springs, FL 33065 City/State and Zip Code kjonftd@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: ph 954 918-4917 Name of Person Area Code Daytime Telephone Number 123 a check for the following amount: Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate of Status

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

EBG Marketing and Communicati	ions LLC		
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited l	Liability Company wer	e filed on April 12, 2016	and assigned
lorida document number L16000072534			
his amendment is submitted to amend the following	llowing:		
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 C	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS) _		
	_		
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
			······
If amending the registered agent and registered agent and/or the new registered	d/or registered office office address here:	address on our records, en	iler the name of the
egistered agent and/or the new registered	Mile address here.		LAHAY T
Name of New Registered Agent:	Kevin Joseph		Y 2B
New Registered Office Address:			
		Enter Florida street address	SS E
		, Florid	
		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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin Joseph	2626 Nw 98th Way Coral Springs, FL 3306	o ⊟ Add
			Remove
			Change
			Add
			Remove
		,	Change
++++++++++++++++++++++++++++++++++++++			
			□ Remove
			□ Change
			Z. DAdd
			T Remove T C C C C C C C C C C C C C C C C C C
		□ Remove	
			Change
			Add
			☐ Remove
			□ Change

*		
<u> </u>		
		_
	,	
		_
		_
	7ALL	
	LLAWY	1
	Y 2	Santananan Santananan
		Til
A	ORIDE OZ	
ffective date, if other than the date of filing: April 12, 2016	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. on the ea	rlier c
ated,		
in COB		
Signature of a member or authorized representa	atura of a mambar	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00