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To:

Division of Corporations

; (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099 : (954)478-2706

Fax Number

: (954)934-0334

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EBM INVESTMENTS LLC

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COVER LETTER

TO:	Registration S Division of Co				
SUBJEC	EBM INV	ESTMENTS LLC	±' • ±v		
JUDG	C1:	Name of Lin	nited Liability Company	·	
The encl	losed Articles of	f Amendment and fee(s) are sui	omitted for filing		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			EDNA R. BELTRAN MEJIA		
		-	Name of Person		
			AMBR		
			Firm/Company -		
		:	3300 PASEO BLVD UNIT 200:	5	
			Address		
			DORAL FL 33166	· · · · · · · · · · · · · · · · · · ·	2013
			City/State and Zip Code		
		E-mail address:	to be used for future and, al report	notification)	_
For furth	er information c	concerning this matter, please o	all:		*****
EDNA R	r. BELTRAN M	IEJLA	954 934-0194 Area Code Day	į į	
	Name o	of Person	Area Code Day	time Telephone Number	 ဗ
Enclosed	l is a check for t	he following amount:			
冒 \$25.0	00 Filing Fee	Cl \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop (additional copy	Status &
-			Max wa	•	
		ING ADDRESS:	STRITTICOU Registration Sci	JRIER ADDRESS:	

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 Tallabassee, FL 32301

...

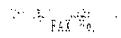
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBM INVESTI	MENTS LLC			
(Name of the Limited Liability Co (A Florida Ling	mpany as it now appears	on our records.)		
(A Florida Liga	ited (napmity (combany)			
The Articles of Organization for this Limited Liability Comp	navy were filed on 04/	/28/2016	and as	signed
The Afficies of Organization for this Elimited Diability Comp	41:			
Florida document number L16000082737	17.			
	.2			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited I	inhiling Company " the des	ignation "LLC" or the a	bbreviation "L	L.C."
The new thanks must be distinguishable and contain the world. Emilied 1	Linethly Company, and woo	15.00.10.11		
Enter new principal offices address, if applicable:		 -		
(Principal office address MUST BE A STREET ADDRESS	S)			
			23	
	-		100	
			35	"17
Enter new mailing address, if applicable:				*
(Mailing address MAY BE A POST OFFICE BOX)			 	<u>:</u>
Tributing durings the first open services			•	
				(7)
	124 72	3 4	75	موند
B. If amending the registered agent and/or registere.	daegnee addresseon (our records, <u>enter</u>	iue natue	or the nev
registered agent and/or the new registered office address	nere:		بب	
	ξ.			
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	Enter Florid	a street address		
	ther Fibria	to an tel monitor		
		, Florida		
	Ci		Zıç 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

Title	Name	Address W	Type of Action
MGR	RUTH CHAVERRA	C/O HISPANUSA INC	B Add
		1919 N STATE RD 7 STE 201	🗀 Remove
		MARGATE FL 33063	Change
			[] Add
			□ Remove
		<u>. </u>	☐ Change
	<u> </u>	<u></u>	
		<u> </u>	Remove
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			Remove
			□ Change

	tion, enter change(s) here: (Attach additional si	
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		YY.
		, ,
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inscreed in this blid document's effective date on the D	ob/20/2018  state of filing:  st be specific and cannot be prior to date of filing or more the lock does not meet the applicable statutory filing requiepartment of State's records.	(optional) in 90 days after filing.) Pursuant to 605.0207 irrements, this date will not be listed as
the record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, ord is filed.	at 12:01 a.m. on the earlier of
Dated MAY 21	, 2018	
	Signature of a morniber or authorized rapresentative of a m	rempet
	EDNA R. BELTRAN MEJIA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00 -

• <u>;</u>;