117000068865

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity News)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	EARLY BA	, LLC		
SCDOL	- · · · · · · · · · · · · · · · · · · ·	Name of Lim	RTIN Name of Person Firm/Company PT 201 Address City/State and Zip Code Et (to be used for future annual report notification) Et call:	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for tiling.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		DAK GONZALEZ MART	IN	
			Name of Person	
		16252 LAUREL DR. APT	· -	
		WESTON, FL-33326		
		info@earlyba.com	City/State and Zip Code	
			to be used for future annual report n	otification)
For furth	er information co	ncerning this matter, please ca	all:	
DAK G	ONZALEZ MAR	ΓIN	and the second s	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed	I is a check for the	: following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARLY BALLLC

(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears of Liability Company)	tour records.)			
The Articles of Organization for this Limited L		were filed on $\frac{03/27}{}$	2017 and assigned			
Florida document number L17000068865	,					
This amendment is submitted to amend the follows. A. If amending name, enter the new name of the new name must be distinguishable and contain the second name must be distinguishable and contain the second name must be distinguishable.	owing:		第 3 章			
A. If amending name, enter the new name of	f the limited liab	ility company here:	5 19			
		company nere.	= 7			
The new name must be distinguishable and contain the	a arde "Linairad Linki	line (Communication of the				
			• • • • • • • • • • • • • • • • • • • •			
Enter new principal offices address, if applic	able:	2488 W 64TH PL				
Principal office address MUST BE A STREE	T ADDRESS)	HIALEAH, FL-330	16			
Enter new mailing address, if applicable:		2488 W 64TH PL				
Mailing address MAY BE A POST OFFICE	BOV)	HIALEAH FL-33016				
Maning university of BLATOST OFFICE	<u> </u>					
						
) 15	_					
 If amending the registered agent and/ egistered agent and/or the new registered of 	or registered of	ffice address on ou	r records, <u>enter the name of the</u>			
-gamerea agent and of the new registered of	nce aduress here	Ξ:				
Name of New Registered Agent:	EDWELL LIM	A				
Name of New Registered Agent.						
New Registered Office Address:	2488 W 64TH F					
	_	Enter Florida s	treet address			
	HIALEAH		Florida 33016			
	,	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, enter the title, name, and address of each person being added on reino ded from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EDWELL LIMA	2488 W 64TH PL	
			= Add
		HIALEAH, FL-33016	
			Remove
	DAK GONZALEZ MARTIN	16252 LAUREL DR. APR 201	Change
MGR		10232 EAGREE DR. AFR 201	
		WESTON, FL-33326	LI Add
			Remove
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an effecti	ve date is listed,	the date must be	specific and	cannot be pi	rior to date o	f filing or more	than 90 days	optional)	Purcuant to	605 OC
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Typed or printed name of signee

Filing Fee: \$25.00