L17000182740

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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<u></u>		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

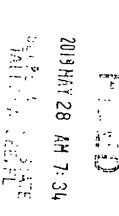


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COVER LETTER

то:	Registration Se Division of Cor			
eilb ff	EBFG LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company	·· ·
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Fernando Gruvis		
		EBFG LLC	Name of Person	
		13661 CORD WAY	Firm/Company	
		DELRAY BEACH, FL 33-	Address 484	 _
		fernandogruvis0121@gmail	City/State and Zip Code L.com	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Fernan	ndo Gruvis		407 694-6622 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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:

TO:

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

EBFG LLC

2019 HAY 28 AM 7: 34

(<u>Name of the Limited Liabi</u> (A Florid	da Limited Liability Company)	<u>ds.)</u> -
The Articles of Organization for this Limited Liability Florida document number L17000182740	Company were filed on <u>08/28/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		Torida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	Eric Blumberg	101 NE 30th CT Wilton Manors, FL 33334	
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year of 2019 to Ferr	nando Gruvis. Fernando is already a registered agent and CEO of EBFG LLC.
	
-	
ffective date, if other	than the date of filing: (optional)
Note: If the date inserted	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 d in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.
	delayed effective date, but not an effective time, at 12:01 a.m. on the earlied the record is filed.
Dated May 28th	2019
)aled	1 10/1
/i /	10 /// ham

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00