9/16/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002769863)))



H190002769863ABCF

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Ca	emanations		
		: (850)617-6383		
From:			***	<b>\</b>
	Account Name	: LEGALZOOM.COM INC.		CD.
	Account Number	: 120010000062		
	Phone	: (323)962-8600		1.7
	Fax Number	: (323)962-3889		
***		- <b>-</b>		<u>د</u> ک
		s for this business entity to be u		
an	nual report maili	ngs. Enter only one email address	please.	•
Fm	ail Address:			ረኃ
2			<u> </u>	$\Rightarrow$
			•	~

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EYEBIS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

SEP 1 7 2019

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC	EYEBIS, L	LC		
SUBJEC	<u> </u>	Name of Limit	ed Liability Company	
The encl	losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturu all correspo	ndence concerning this matter t	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		<del></del>	Firm/Company	
		101 N Brand Blvd 11th Ft		
			Address	<del></del>
		Glendale, CA 91203		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		keion.mark@gmail.com		
		E-mail address: (to	be used for future annual rep	ort notification)
For furt)	her information c	oncerning this matter, please ca	li:	
Cheyen	ne Moseley		800 773-0	
	Name o	l'Person	af () Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
□ 825	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Registi	ING ADDRESS:	Registration	OURIER ADDRESS: Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYEBIS, LLC			
(Name of the Limited Liability Compa (A Florida Limited	inv as <mark>it now appears on our reco</mark> Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company	were filed on 01/04/2018		
Florida document number L18000003324		**. ·	
his amendment is submitted to amend the following:	10000000000000000000000000000000000000		
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	hry Company," the designation "El		
Enter new principal offices address, if applicable:	1523 Cord Grass Way		
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33813		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	1523 Cord Grass Way Lakeland, FL 33813		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our reco	rds, enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floridastreet add	ress	
		Florida	
	City	ZipCode	

## 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 t 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Keion Mark	1523 Cord Grass Way	
	<del></del> _	Lakeland, FL 33813	
			☐ Remove
			■ Change
			Add
			☐ Remove
			Change
			19
			Remove
			Change
			D Add
			φ G-Remove
			<b>О</b> -кеприе
			Change
			Add
			Remove
			Change
			☐ Remove
			Change

						···	<del></del> -		
	. <del>-</del>								
									_
							· <b></b>		
					·		-		
						<u> </u>	<del></del>		
									·· <del>·</del>
								Ž	
					<u> </u>	· · · · · · · · · · · · · · · · · · ·	- <u> </u>		
_									1.
	***							<u> </u>	<del>- []</del>
							<del></del>	<u> </u>	
							.*	ب .	
	· · · · · · · · · · · · · · · · · · ·								 : !
				<del></del>					<del></del>
ective	date, if other than t	he date of filing	<u> </u>				_ (optional	)	<000
te: If	the date inserted in this	i block do <b>es</b> not n	icet the a	pplicable :	e of filing or statutory tili	more than 90 : ng requirem	tays ofter films ents, this date	g.) Pursu: will no	nt to 605.0 t be listed
umen	t's effective date on the	Department of S	tate's rec	ords.	•				
					<b></b>				
recor	rd specifies a delay 0th day after the r	ved effective d record is filed.	ate, bu	it not an	effective	time, at 1	.2:01 a.m.	on the	e eanter
116 3	our day areer ene .								
ted	SEPTEMBER	2 11	20	19					
	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
		Kur	10	<del>12/t</del>					
		Signature of a r	weinber of	r authorized	representati	e of a membe	er .		

Page 3 of 3

Filing Fec: \$25.00