118000070930

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2018 NOV -6 AM 8: 34 SECRETARY OF STATE

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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations							
		ISTRUCTION AND RENOV	ATION SERVICES I	LLC					
SUBJECT:		Name of Limited Liability Company							
The enclosed	d Articles of	Amendment and fee(s) are sul	bmitted for filing.						
Please return	all correspo	ndence concerning this matter	r to the following:						
		EBED PONS SAAVEDR	A						
			Name of Person						
		E.B.S. PONS SAAVEDR	A						
			Firm/Company						
		7212 DONALD AVE							
Address									
		TAMPA, FL 33614							
		PONS.EBED@YAHOO.C	City/State and Zip C	ode					
		E-mail address:	(to be used for future an	nual report notific	cation)				
For further in	nformation c	oncerning this matter, please	call:						
EBED PON	S SAAVEDI	RA	813 at (545-3382					
	Name o	f Person	Area Code	Daytime *	Telephone Number				
Probagal in	u uhauli far th	ne following amount:							
'		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F		☐ \$60.00 Filing Fee, Certificate of Status &				
			(additional copy	•	Certified Copy (additional copy is enclosed)				
		ING ADDRESS:	,	EET/COURIE	_				
	Divisio	ation Section on of Corporations	/ Divis	stration Section sion of Corporat					
		ox 6327 issee, FL 32314		on Building Executive Cent	ter Circle				
			\ Taila	ahassee, FL 3230	01				
				<i>></i>					
			_						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.B.S. CONSTRUCTION AND RENOVATION SERVICES LLC

FILED

2018 NOV -6 AM 8: 34

(Name of the Limited Liability Company as if now appears on our records OF TART OF STATE (A Florida Limited Liability Company) IALL AHASSES, FL The Articles of Organization for this Limited Liability Company were filed on MARCH 19, 2018 _____ and assigned Florida document number L18000070930 This amendment is submitted to amend the following: 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 Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	KIRIA-ALMEIDA TAMAYO	7212 DONALD AVE TAMPA, FL 33614	■ Add
			□ Remove
			Change
MBR	FELIX MANUEL GONZALEZ	309 PALM KEY CIR BRANDON FL 33510	■ Add
			□ Remove
			☐ Change
			Add
			Remove
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ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depar	specific and cannot be pri does not meet the appl	or to date of filing or mor icable statutory filing	(optional) e than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.020 I not be listed a
record specifies a delayed ef he 90th day after the record	fective date, but r	not an effective tir	ne, at 12:01 a.m. on	the earlier o
NOVEMBER 4.	2018			
54/7		<u> </u>		
- 	nature of a member or av	thorized representative of	a member	

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Filing Fee: \$25.00