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COVER LETTER

EAMB INVESTMENTS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tina Beckman Name of Person DearthGalat LLC Firm/Company 2859 Paces Ferry Road SE, Suite 1140 Address Atlanta, GA 30339 City/State and Zip Code tina@dgtaxlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Bailey Cross** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

EAMB INVESTMENTS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	_)
ne Articles of Organization for this Limited Liability Comp	pany were filed on June 6, 2018	and assigned
orida document number L18000140668		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
ABM Investments, LLC		
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	Jan 110
nter new principal offices address, if applicable:		9 0
Principal office address MUST BE A STREET ADDRESS	<i>c</i>)	<u> </u>
THE PART OF THE MARKET ADDRESS.	<u> </u>	1,31
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nter new mailing address, if applicable:		<u> </u>
<u> 1 Aailing address MAY BE A POST OFFICE BOX</u>		<u> </u>
	was a	
If amending the registered agent and/or registere gistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00