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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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S. TALLEN-JUL 0 9 2019



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EBL TILL LLC 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:
Edgar I Belmonte Lopez.
EBL TILL LLC Firm/Company
6308 HIWOUG Drive
Crianco Floraca 32809 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgar Belmonte at (40), 407-627-2724 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed))

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBLTILLL

(Name of the Limited I	iability Compa Florida Limited 1	ny as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>LISOOQSIU</u>	lity Company 256	were filed on	12/6/2018	and assigned
This amendment is submitted to amend the followi	ng;			
A. If amending name, enter the new name of the				2
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation F.L.C."
Enter new principal offices address, if applicable:		N/1+		
(Principal office address MUST BE A STREET A	(DDRESS)			N
			·	Р
				- ₹ 94 (y) - (- 1)
Enter new mailing address, if applicable:			<u> </u>	2 4
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address her	ffice address on o e:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	WA_			
New Registered Office Address:				
		Enter Florida	i street address	
<u>-</u>			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a	gent and agre and complete	ee to act in this cap performance of m	pacity. I further agi v duties, and I am J	ree to comply with the familiar with and

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
AMBR	Martin R	amirez-Llina	U308 Hillwood & Add
			0/10/10, fl 32809 Remove
<u>AMBR</u>	Jorge Gui	Herrez-Faccusen	6308 th wood Dr Add
			Orlando, fl 3280 Remove
			☐ Change
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fect	ive date, if other than the date of filing:
n ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the earlier
	/ /2 /
ited	- 6/21 2019 - Juich
	Lieut
	Signature of a member or authorized representative of a member
	Edgar Belmorte LOPEZ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00