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## CORPORATE ACCESS, \_ INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY	
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	CBI SOUTH, LLC	
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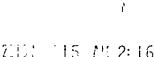
### **COVER LETTER**

O: Registration Section Division of Corporations	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
lease return all correspondence concerning this matter to the following:	
Scott Greek Name of Person	
EBI South, LCC	
6531 38 th Care East	
Sarante FU 34243 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (641) 777-2/83  Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status (additional copy is enclosed)  \$\Bigcup \\$60.00 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:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EBI South, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/17/2019 and assigned Florida document number L19000234297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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.

City

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>	Name Scott Greer	Address 6531 38th Lane East	Type of Action
Pres	Sooi Grea		Add
			□ Remove
<del></del>			□ Add
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Linect Utanefi	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
, ,,,,	Sour day area are resort is med.
Dated	November 15, 2019
	Scott w Tree Presidet
	Signature of a member or authorized representative of a member
	Scott W Greer President
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00