

K21000196410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

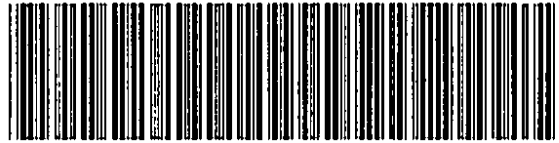
(Business Entity Name)

(Document Number)

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2021 JUN 28 AM 9:52

FILED

Handwritten signature: Alend

JUN 28 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EBIAMO 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:

ANTHONY BLAY ANYIMAH
Name of Person
EBIAMO LLC
Firm/Company
924 N MAGNOLIA AVENUE SUITE 202 PMB 1010
Address
ORLANDO FL 32803
City/State and Zip Code
anthonyanyimah@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY BLAY ANYIMAH 407 2337628
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

ANTHONY BLAY ANYIMAH
924 N. MAGNOLIA AVENUE
STE. 202 PMB 1010
ORLANDO, FL 32803

SUBJECT: EBIAMO LLC
Ref. Number: L21000196410

We have received your document for EBIAMO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the information you're changing in the spaces provided. If the name is not changing do not list the entity's name in the NEW name field in part "A" of the form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 621A00014162

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2021 JUN 28 AM 9:52
____ and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

~~ERIAMO-EE~~

ORLANDO FL 32803

ORLANDO FL 32803

Zip Code

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Could you remove SR from my name please ?

E. Effective date, if other than the date of filing: April 27, 2021 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 28, 2021

Signature of a member or authorized representative of a member

ANTHONY B ANYIMAH

Typed or printed name of signee

Filing Fee: \$25.00