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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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T. MATTHEWS

NOV 15 2021

COVER LETTER

ΓΟ: Registration Se Division of Cor		•	
EBLEACH	, LLC	`	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	KEVIN DOYLE		
		Name of Person	
		Firm Company	
	4100 N POWERLINE RD	STE Q4	
		Address	
	POMPANO BEACH FL 3	3073	
	RENE@FPMFL.COM	City State and Zip Code	<u> </u>
	E-mail address; (to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ea	ill:	
RENE VALDEZ		772 812-5541	
Name o	f Person	at ()	Telephone Number
finelosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	2 \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	1 \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	
Registration S		Registration Sect	tion
150-150-150-150-1		15% 2.5	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EBLEACH, 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 Com Florida document number <u>L21000269220</u>	npany were filed on 6/9/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	11 lability Company," the designation "	LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Fater Florida street ad	dr _e ss
		Florida
	C_{HV}	Zn) Cocte

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, it 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

		•		
21:	٦,	-5	<i>t;1</i>	1:36

<u>Title</u>	Name	Address 21 ()	Type of Action
MGR	STEPHEN KING	772 SCHOONER CT, PARKLAND FL 33067	= Add
			Remove
		·	Change
MGR	MATTHEW C WOOD	7118 NW 44TH ST, CORAL SPRINGS FL 33065	
			Remove
			[Change
			
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Tective date, if other than the date in effective date is listed, the date must be spo	of filing:	A Date Cities		(optional)	
te: If the date inserted in this block de	seme and cannot be prior bes not meet the applic	able statutory	or more man 90 a filing requireme	ays after fung. Frui nts, this date will	not be listed a
cument's effective date on the Departm		•	-		
ecord specifies a delayed effective date.	. but not an effective ti	me, at 12:01 a	m on the earlie	not (b) The 90	th day after the
is filed.					•
NOVEMBER 1ST	2021				
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Signat	ure of a membel of futh	orized cpresent	Ave of a member		
	₩ \/		4		
KEVIN A DOYLE	11 11 -	- 1			

Filing Fee: \$25.00