

L21 000 488 139

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800377849178

02/11/22--01011--001 \*\*25.00

FILED  
2022 FEB 11 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT  
FEB 19 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EBM SWFL 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:

Erik Rensch

Name of Person

Firm/Company

9670 Mirada Blvd Fort Myers

Address

City/State and Zip Code

eminvestswfl@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FL.

2022 FEB 11 PM 2:12

FILED

For further information concerning this matter, please call:

Erik Rensch

Name of Person

at ( 239 )

Area Code

908-1775

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

E&M SWFL LLC

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERIK REUSCH	9670 Mirada Blvd Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEGAN REUSCH	9670 Mirada Blvd Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL  
2022 FEB 11 PM 2:12  
FILED

FILED  
2022 FEB 11 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 FEB 11 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

2/2/2022

**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.

Dated \_\_\_\_\_

number of authorized representative of a n

Typed or printed name of signee