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COVER LETTER

TO: Registration Se Division of Cor			
EMB Futur SUBJECT:	re Investments, LLC		
SOBJECT.	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sub	•	
	Heather Metsch		
		Name of Person	
	EBM Future Investments.	LLC	
		Firm/Company	
	102 SE 41st Terrace		
		Address	
	Cape Coral, FL 33904		
	shorty9194@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	ali:	
Heather Metsch		239 878-3899 at()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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	·	Street Address	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBM Future Investments, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	• •	and assigned
Florida document number 1.22000109714	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
EZ Real Estate Investments, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
		• 1 1
		- •
Enter new mailing address, if applicable:		;
Mailing address MAY BE A POST OFFICE BOX)		• •
Mulling duaress MAT BE A FOST OFFICE BOX		
		
		;
 If amending the registered agent and/or registerengent and/or the new registered office address here: 		enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	address
		_, Florida
	City	Zip Code

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.

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
			□Add
			□ Remove
			
			□ Add
			Remove
			Change
			☐Add
			□Remove
			□Change
			
			□Remove
		□Change	
		□Remove	
		Change	
		□Add	
			□Remove
			☐ Change

Page 2 of 3

<u></u>	

	,
	
ote: If t	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	21 ace Mobile , 2024.
	De la companya de la
	Signature of a member or authorized representative of a member
	Heather Metsch
	Typed or printed name of signee

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