Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002593173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail	Address:	··-	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -EBONE ENTERPRISES LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

10L 2 5 2023

رنې

T. LEMIEUX

COVER LETTER

•	•	OVER LEATER		41
O: Registration'S Division of Co		\$		
EBONE E	NTERPRISES LLC	k	Ÿ	
	Name of Limited	d Liability Company		
he enclosed Articles of	Amendment and fee(s) are submi-	tted for filing.		
Please return all corresp	ondence concerning this matter to	the following:		
	Cheyenne Moseley			
	Name of Person			
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N Brand Blvd 11th Fl			
		Address		
	Glendale, CA 91203			
		City/State and Zip Code	<u></u>	
	ebony enterprises l l@gmail.co	om		
	E-mail address: (to b	be used for future annual rep	port notification	}
For further information (concerning this matter, please call:			
Cheyenne Moscley		800 773-0		
Name	of Person	Area Code	Daytime Telepl	hone 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/COURIER ADDRESS:

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

From: James Wiseman

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Antonea Heard, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Antonea Heard, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
A. If amending name, enter the new name of the limited liability company here: Antonea Heard, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
Antonea Heard, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————	C."
Fater new mailing address, if applicable:	
Fater new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
Indiang dadress may be a 1 vol vi i ive now	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:	the nev
New Registered Office Address: Enter Florida street address	
, Flonda	t
City Florida Zip Code	ţ

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

MGR = Manager

To:

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

15125973041

Title	<u>Name</u>	Address	Type of Action
			☐ Add
		-	☐ Remove
			□ Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
	•		☐ Change
			☐ Remove
			Change
			Add
			□ Remove

f amendi	ng any other informs	tion, enter change(s) here: (Attach add	ditional chapte if nacassary 1	
amendi		-		
				•••
			(
				
	<u> </u>			
				
				
				 .
				 .
				
(factive d	late, if other than the	data of filing:	(optional)	
an ellective ote: If th	e date is listed, the date mus c date inserted in this bl	the specific and cannot be prior to date of filing to ock does not meet the applicable statutory frepartment of State's records.	or more than 90 days after filing.) Pursuan	
	specifies a delayed h day after the rec	I effective date, but not an effectivord is filed.	ve time, at 12:01 a.m. on the	earlier of:
ated	July 18th	<u>1013</u>		

To:

Page 3 of 3

Antonea Heard

Filing Fee: \$25.00

Typed or printed name of signee