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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
cupuca	DORAL FA	AMILY INSURANCE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing	
The chelosed	Afficies of A	Amendment and rec(s) are sub	minted for fining.	
Please return	all correspon	ndence concerning this matter	to the following:	
		FRANCISCO J DIAZ HE	ERNANDEZ	
			Name of Person	
		DORAL FAMILY INSUR	RANCE LLC	
			Firm/Company	
		10773 NORTHWEST 587	TH STREET 276	
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		MAIL@QUICKMOLDLA		
		E-mail address: (to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please c	all:	
FRANCISC	D J DIAZ H	ERNANDEZ	786 263-1495	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address: Registration S	ection
		orporations	Division of Co	
P.O	Box 632	7	The Centre of	<u> </u>
Tall	lahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL FAMILY INSURANCE 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 Company were filed on 01/11/2024 and assigned Florida document number L24000024936 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **EBUSINESS LABS LLC** The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

. Florida

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
			☐ Change
			□Add
			□Remove
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			Changa

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