P19000079274

(Requestor's Name)					
(Address)					
(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:					
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COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	ORATION: MR. REBUILTS I	NC.		
	BER: P19000079274			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this ma	atter to the following:		
	MARIA A LEONARDO			
		Name of Contact Person	1	
	LS ADVISORY GROUP			
		Firm/ Company		
	11098 BISCAYNE BLVD S	TE 206		
		Address		
	MIAMI, FL 33161			
		City/ State and Zip Cod	e	
	MARIA@MYCPAEA.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
EDWARD PEREZ		at (295-3139	
Name	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
	mendment Section vision of Corporations	Amendment Section Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
	illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MR	RЕ	$_{ m RIIII}$	TS	INC

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)			
P19000079274	•				
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new n	ame of the corporation:				
EBP CAPITAL INC		The new			
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word			
B. Enter new principal office address,	if applicable:	5463 SW 125 TER			
(Principal office address MUST BE A S		MIRAMAR, FL 33027			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 170941			
<u></u>	 /	HIALEAH, FL 33017			

D. If amending the registered agent ar new registered agent and/or the ne					
	ACCUTAX ADVISORY				
Name of New Registered Agent	11098 BISCAYNE BLVI	O STE 206			
		reet address)			
	MIAMI	33161			
New Registered Office Address:		(City) , Florida (Zip Code)			
New Registered Agent's Signature if c	hanging Registered Agen	ti			
Thereby accept the appointment us regis.	icred agent. Tram jamiliar	with and accept the obligations of the position.			
	Signature of New 1	Registered Agent, if changing			
Check if applicable	1				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Do</u>	<u>)c</u>				
X Remove	\underline{V}	Mike Jo	nes				
X Add	\underline{SV}	Sally Su	<u>uith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change		_		-	. .		
Add							
Remove							
2) Change		_					
Add							
Remove 3) Change		_			-		
Add							
Remove							
4) Change							
Add							
Remove						//	
5) Change		_				·	
Add						- <u></u> -	
Remove					-		
6) Change		- -		 			
Add							
Remove							

	9/28/22	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	8/22	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes east for the amer sufficient for approval.	idment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
select	director, president or other officer – if threetors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	ot been her court
	EDWARD J PEREZ	
	(Typed or printed name of person signing)	
	CORPORATE PRESIDENT	
	(Title of person signing)	