

L19 000218209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

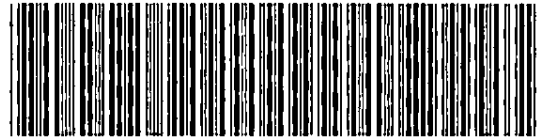
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600372929886

09/13/21--01033--002 **60.00

COVER LETTER

Registration Section
Division of Corporations

OBJECT: IZZY'S SHOW STOCK, LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Moss
Name of Person

Izzy's Show Stock, LLC
Firm/Company

5675 Gray Rd.
Address

DeLeon Springs FL. 32130
City/State and Zip Code

moss1085@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose Moss at (818) 2058585
Name of Person Area Code 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IZZY'S SHOW STOCK, 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 August 26, 2019 and assigned Florida document number L19000218209.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

izzy's Snow Stock, 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)

5675 Gray Rd.

DeLeon Springs Florida, 32130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5675 Gray Rd.

DeLeon Springs Florida, 32130

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:

John Moss

New Registered Office Address:

5675 Gray Rd.

Enter Florida street address

DeLeon Springs

Florida 32130

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

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

GR = Manager

AMBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	John Moss	5675 Gray Rd.	<input checked="" type="checkbox"/> Add
		DeLeon Springs, FL.32130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rose Moss	5675 Gray Rd.	<input checked="" type="checkbox"/> Add
		DeLeon Springs FL. 32130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacqueline L Moss	1755 Reynolds Rd.	<input type="checkbox"/> Add
		DeLeon Springs, FL. 32130	<input checked="" 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		

