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A. BUTLER SEP 1 3 2022

## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

	ERVICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gabriela O'	Name of Person	
	Givner Law 6	Firm/Company	
	19495 Bis	Scayne Blud #	702
	Aventura, P	City/State and Zip Code	
	90/emberg	6 GiMer . \ aw to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca		
Gabriela (	Olember 9 1 Person	at ( <u>305</u> ) <u>933</u> - Area Code Daytin	- 9970 ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EZ WEB SERVICE, LLC			in 5:55
(Name of the Limited Liability Compa	ny as it now appears on ou	ir records:) G:\[:]	OF CTA
EZ WEB SERVICE, LLC  (Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	1.1777	MASSERIE
ne Articles of Organization for this Limited Liability Company	were filed on 6/1	2020	and assigned
orida document number 20000 1419 52 .		1	
and a document number			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
If amending name, enter the new name of the minted hab	mry company nere.		
e new name must be distinguishable and contain the words "Limited Liabil	lie. Company " the designant	ion of LC" or the ab	negotiation at 1 C a
e new name must be distinguistable and contain the words. Elimited Elabit	nty Company, the designat	ion EEC. of the aor	sieviation L.L.C.
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)		_	
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
tuting undress STAT BE AT OST OF TICE DOAT			
If amending the registered agent and/or registered office a	address on our record	s enter the nam	e of the new regi
ent and/or the new registered office address here:	addits on our record.	s, cinci inc main	cordicate regis
Name of New Registered Agent:			
New Registered Office Address:	Futus Florida atra	nat addinasa	
	Enter Florida street address		
		, Florida	<del>.</del>
	City		Zip Code
ew 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
MGR	Kevin Goldfarb	55 Merrick Way, Suite 401, Coral Gables FL 33134	🗆 Add
			<b>≡</b> Remove
			🗆 Change
MGR James Pende	James Pendegraft	55 Merrick Way, Suite 401, Coral Gables FL 33134	<b>=</b> Add
			□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 totale. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the single of the specifies and the specifies are specified and the specifies and the specifies and the specifies are specifies and the specifies are specifies and the specifies are	
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	er the
Dated June 16 2022.	
Signature of a member or authorized representative of a member	
Gabriela Olember of Typed or printed name of signer	

Filing Fee: \$25.00