## 121000279589

(F	Requestor's Name)	
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Special Instructions t	to Filing Officer:	





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## **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	EZESOLE		
30B0ECT		Name of Limited Liability Company	
The enclosed Artic	cles of Amendment an	nd fee(s) are submitted for filing.	
Please return all co	orrespondence concerr	ning this matter to the following:	
		Donald L Evans Name of Person	
		Name of Person	
		EZE SOLE LLC 3	
		Firm/Company	•
	20	130 NW 188 AVE	!
	-	Address CO	
	Pemb	Address  Address  City/State and Zip Code	ب س
		City/State and Zip Code	,
	e	elehome 6 @ gmail.com	
		E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this r	matter, please call:	
Donald	Ev 61 J Name of Person	at (954) 595 9168  Area Code Daytime Telephone Number	
1	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following am	nount:	
\$25.00 Filing		Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing A		Street Address:	
-	ition Section of Corporations	Registration Section Division of Corporations	
P.O. Bo		The Centre of Tallahassee	
Tallahas	ssee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZEDULE LLC	·~•
(Name of the Limited Liability Compar	ny as it now appears on our records.)
(A Florida Limited L	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{6/15/202/2}{2000}$ and assigned
Florida document number <u>L21000279589</u>	SSE A FI
(Name of the Limited Liability Company (A Florida Limited Liability Company)  Florida document number <u>L21000279589</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	6: 0: F. FL
A. If amending name, enter the new name of the limited liabi	lity company here:
ETEHOMO 110	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2030 NW 188 AVE Pembrone Pines, FL 33029
(Principal office address MUST BE A STREET ADDRESS)	Pembrone Pines, FL 33029
Enter new mailing address, if applicable:	2030 NW 188 Are
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2030 NW 188 Are Pembrohe Pines, FL 33029
mann, wares will be a lost of the body	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registor
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Florida  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

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

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