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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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LA 12/12/20

TO: Registration Section Division of Corpora	
SUBJECT: E.Z	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
-	Jocelyn Vinet Name of Person
-	E.Z. Forw Syding, LLC. Firm/Company
-	3275 SW 42 nd STRET.
-	Fort Lauderdale, F1 33312 City/State and Zip Gode
_	E-mail address: (to be used for future annual report notification)
For further information conce	rming this matter, please call:
Carolina Tar Name of Per	
Enclosed is a check for the fo	Howing amount:
S25.00 Filing Fee C	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status
Mailing Address:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now app ited Liability Compan	pears on our records.)			
The Articles of Organization for this Limited Liability Com Florida document number L D2DDD3164나.	pany were filed on	11/25/20	D2	_ and as	signec
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company	here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," th	ne designation "LLC" o	or the abbre	viation "I	L.C."
Enter new principal offices address, if applicable:		·····		20 	
(Principal office address MUST BE A STREET ADDRES	<u></u>			<u> </u>	
				ယ	
Enter new mailing address, if applicable:			- 19 - 17	PH կ։ 2	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			•		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on ou	r records, <u>enter th</u>	<u>e name o</u>	f the ne	w reg
			_	· · · · ·	_
New Registered Office Address:	Enter	Florida street address	.,		
	City	Flori	ida	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

of removed from our records. MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Ac <u>Title</u> <u>Name</u> 3050 N 29th Court Xadd Hollywood, F1 33020 Joselyn Vinct PresidenT/CEO/Hanager/ □ Remove Member ____ Change ____ □Change _____ Change _____ Change

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Note:	tive date, if other than the date of filing:
ord is f	
Dated	November CE 2020
	Signature of a member or authorized representative of a member CANCLIDA TARRACIES Typed or printed name of signee