

L06 000 025 437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

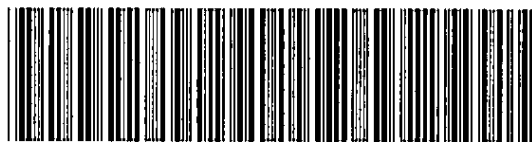
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09/20/22--01007--008 **25.00

22 SEP 20 AM 8:59

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DIVISION OF CLERICAL SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E Z & Associates, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Paul M. Esposito

Name of Person

E Z & Associates, LLC

Firm/Company

290 SW Peacock Blvd. # 882288

Address

Port St. Lucie, FL 34986

City/State and Zip Code

pmespo@bellsouth.net

E-mail address: (to be used for future annual report notification)

22 SEP 20 AM 9:00

REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Paul M. Esposito

954

290-7045

at (_____) _____

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**

E Z & Associates, 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 March 6, 2006 and assigned
Florida document number L06000025437.

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11616 SW River Crossing PL

Port St. Lucie, FL 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

290 SW Peacock Blvd. # 882288

Port St. Lucie, FL 34986

22 SEP 20 AM 9:00

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:

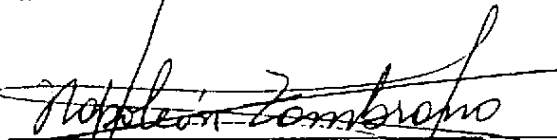
Name of New Registered Agent: Napoleon Zambrano

New Registered Office Address: 11616 SW River Crossing PL
Enter Florida street address

Port St. Lucie, Florida 34987
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Napoleon Zambrano	11616 SW River Crossing PL Port St. Lucie, FL 34987	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 SEP 21 AM 5:00

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PORT ST. LUCIE
FL 34987

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

22 SEP 20 AH 9:00

1. Introduction

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 16

2022

Signature of a member or authorized representative of a member

Paul M Esposito

Typed or printed name of signee

Filing Fee: \$25.00