107000022171

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(Cit	y/State/Zip/Phon	e #)
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US 1618

COVER LETTER

E Z Tax B SUBJECT:			
7013/13/01/	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Delbert F Cumberbatch		
		Name of Person	
	E Z Tax Biz LLC		
		Firm/Company	
	10170 NW 10 Street		
	******	Address	
	Plantation FL 33322		
		City/State and Zip Code	
	frankcum@aol.com		
		o be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Delbert F Cumberbato	:h	954 253-1730 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

E Z Tax Biz LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L07000022171	were filed on 02/07/2007 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10170 NW 10 Street Plantation FL 33322		
(Principal office address MUST BE A STREET ADDRESS)	10170 NW 10 Street Plantation FL 33322		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10170 NW 10 Street Plantation FL 33322		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, enter Honame of the		
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street address		
	Enter Florida street address , Florida		

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>	Type of Action
			Add
			Remove
			Change
			
			☐ Remove
			☐ Change
			Add
			SECRETAR Change
			LAHASSEE Stad
-12-11-11-11			SSEE State
			Remove
			☐ Change
			Remove
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			Remove
			☐ Chanve

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	08/01/2018
(If an et Note:	tive date, if other than the date of filing: (optional) (flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 08/01/ 2018
	Defrect 7 Contractor. Signature of a member or authorized representative of a member
	Delbert F Cumberbatch Typed or printed name of signee

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Filing Fee: \$25.00