## LD8000000414

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JAN 8 2013 EXAMINER

## **COVER LETTER**

**Division of Corporations** EZcra The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Vaniello Laine
Name of Person EZCra Products LLE 1/70/ North West 12 Avenue Miani, Flotida 33/68
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: 2 \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2013 JAN -7 PM 12: 45

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>Janualy 2, 200</u> and assigned 00414
This amendment is submitted to amend the following	ga <u>na sana</u> na sana n
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	ana gement Services LLC words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>
<u>(Principal office address MUST BE A STREET AD</u>	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
·	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>		<u>Name</u>		Address	1	Type of Action
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						Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	DEVISION OF B	
			PM 12: 41
Dated	Davi 0/12 / 0 i 10		
	Signature of a member or authorized representative of a member  Oancello Lache  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00