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MAR - 9 2009

EXAMINER



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03/06/09--01010--029 **30.00

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	•	•	·	\$
SUBJECT: HIZ	ENTERPRISE	Liability Company)		
	(Name of Limited	Liability Company)		,
The enclosed Articles of Amendm	ent and fee(s) are submit	ted for filing.		
Please return all correspondence of	oncerning this matter to t	he following:		
	ALAN KL	INGER		_
		(Name of Person)		
	HIZ EN	EPPLISTS, LLC (Firm/Company)		_
	16500 (0	LCINZ AVE. UN	D85	l
	SUNNY I	(Address) SES FL. 331 ity/State and Zip Code)	60	-
	(0	nyrotato and Esp Code)		
For further information concerning	this matter, please call:			
ALAN KLIN (Name of Person)	GEQ	at (3-5) 610-621 (Area Code & Daytime T	3 elephone Num	ber)
Enclosed is a check for the following	ng amount:			
	_	□\$55.00 Filing Fee &	□\$60.00 F	iling Fee
C	00 Filing Fee & lertificate of Status	Certified Copy (additional copy is enclosed)	Certific Certific	cate of Status & ed Copy onal copy is enclosed)

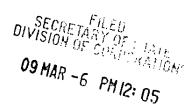
MAILING ADDRESS:

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



(Name of the Limited Lial (A Flor	bility Company as it now appeared Limited Liability Company)	rs on our records.)	
•			
The Articles of Organization for this Limited Liabili	ity Company were filed on	10/23/2008	_ and assigned
Florida document number	<u>000</u> 0 99 877	•	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
REZZGO LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET AI	DDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
	address here.		
Name of New Registered Agent:			
			_
New Registered Office Address:		nter Florida street addre	(cc)
	(E	ны тинии мес ишиге	<i>વર્ગ</i>
_	(City)	, Florida	(Zip Code)
	(City)		(Lip 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 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</u>, <u>name</u>, <u>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>Address</u> <u>Name</u> Type of Action MICHAEL MIMOUN ☐ Add Remove 🗂 Add Remove ☐ Add □ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member ALAN KLINGER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00