Florida Department of State

Division of Corporations Public Access System

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EZTRUNNION LLC

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COVER MESSAGE

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Paristration Section

COVER LETTER

Division of Co			
SUBJECT: EZTRU	NNION LLC (Name of Lin	nited Liability Company)	
	f Amendment and fee(s) are su		
l'lease return all corresp	ondence concerning this matter	r to the following:	,
	Tony Burroughs	Observation of the second	
		(Name of Person)	
	Legalzoom.com, Inc		
		`(Firm/Company)	
	7083 Hollywood Blve	d., Suite 180	
		(Address)	**************************************
	Los Angeles, CA 90		
		(City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
Tony Burroughs_		at (323) 962-8600	
	of Parson)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	the following amount:		
✓ \$25:00 Filing Fee	S30.00 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

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2009 APR -9 AM 8: 28

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here: (Enter Florida	
registered agent and/or the new registered office Name of New Registered Agent:	(Enter Florida	street address)
registered agent and/or the new registered office Name of New Registered Agent:	ee address bere:	
registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records ee address here:	enter the name of the new
registered agent and/or the new registered offic	registered office address on our records ce address here:	, enter the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records ce address here:	, enter the name of the new
The Communication and a superior after a superior at the super	and the same of th	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreylation
A. If amending name, enter the new name of the	he limited liability company here:	
This amendment is submitted to amend the follow	ving;	
Florida document number <u>L0900020044</u>	· ·	
The Articles of Organization for this Limited Liab	oility Company were filed on 03/02/2009	and assigned
(A F	inbility Company as it now appears on our reconda Limited Liability Company)	oras,)

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 Changing Registered Agent, Semature of New Registered Agent)

To: Page 5 of 5

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

le	Name	Address	Type of Actio
			Add Remove
			Add. Remove
			Add Remove
			Add Remove
			, para
	<u> </u>		Add Remove
	ding any other information, enter chan rticle II. The mailing address of th	e Limited Liability Company shall	necessary.)
		e Limited Liability Company shall	necessary.)
<u>A</u>	rticle II. The mailing address of th P.O. Box 898, Felismere	e Limited Liability Company shall ∋, FL 32948-0898	necessary.)
<u>A</u>	P.O. Box 898, Felismere	e Limited Liability Company shall FL 32948-0898	necessary.)
	P.O. Box 898, Felismere P.O. Box 898, Felismere Signature of tracintal Lynn Luzzi. Member	e Limited Liability Company shall FL 32948-0898	necessary.)