L13000096632

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

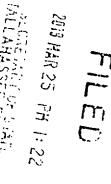
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March 12, 2019

STEVEN SCHWARTZ 110 NORTH FEDERAL HWY #609 FORT LAUDERDALE, FL 33301 US

SUBJECT: EZEE STEVE LLC Ref. Number: L13000096632

We have received your document for EZEE STEVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 OF 3 MISSING

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 819A00004979

RECEIVED MAR 2 5 2019

COVER LETTER

• •	l	COVERLETTER	
TO: Registration Se Division of Cor			
SUBJECT:	EZ-e Name of Lim	e STeve, Lited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SJe	Veh Schwar Ja	<u>-</u>
	E	Firm/Company	LC
	1/0 horth	Federal Hwy	# 609
	ForT	City/State and Zip Code	,
	:-man address: (195 9 reat 6 9	ngil, Com fication
For further information c	oncerning this matter, please ca	all:	
Sleves Name o	Schwartz fPerson	at <u>(56)</u> <u>75</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

Ez	LEE STEVE, LLC		
(Name of the Limited I. (A F	Jability Company as it now appears on our records.) Torida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on 7/8/20/3	and assi	gned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here: EZEE BOSS, LLC s "Limited Liability Company," the designation / LLC" or the abbrev	iation "L.I	.c."
Enter new principal offices address, if applicable	e:		
(<u>Principal office address MUST BE A STREET A</u>	(IDDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
R - If amending the registered agent and/or	registered office address on our records, enter the		——— of the new
registered agent and/or the new registered office			=
Name of New Registered Agent:		<u> </u>	<u> </u>
New Registered Office Address:			<u> 17</u>
	Enter Florida street address	## ###	-: .
-	, Florida	12. 12. 12. 12. 12.	1/2
	City	7.ip 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>	Name	Addre	<u>ess</u>	,	Type of Action	1
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		F	ort La	wordale, Fl	Change	
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(If an effective date is I Note: If the date in	other than the date listed, the date must be sp nserted in this block de we date on the Departn	ecific and coes not me	cannot be prior cet the applic	able statutory	or more than 90 filing requiren	(optional) days after filing nents, this date	.) Pursuant to	605.0207 (3 listed as th
	fies a delayed effe after the record is		ite, but no	t an effecti	ve time, at	12:01 a.m.	on the ea	rlier of:
Dated	3/19		20/	2.	~			
	,			/1/2				
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	Signa	ture of a me	enther or author	rized represent	ative of a memb	er		

Page 3 of 3

Filing Fee: \$25.00