L13000149891

(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:

wrong form

Office Use Only

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18 SEP 13 PM 6:28

SEP 17 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2018

EDWARD ZENTZ
4174 LAS PALMAS WAY
SARASOTA, FL 34238

SUBJECT: EZ TAX PLANNING LLC
Ref. Number: L13000149891

We have received your document for EZ TAX PLANNING LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00017979

2018 SEP 13 AM 9:46

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EZ TAX PLANNING LIMITED LIABILITY COMPAN
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

EDWARD M. ZENTZ
Name of Person

EZ TAX PLANNING LIMITED LIABILITY COMPANY
Firm/Company

4174 LAS PALMAS WAY
Address

SARASOTA, FL 34238
City State and Zip Code

EDZENTZ918@YANDEX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

EDWARD M. ZENTZ at 941 587-3500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

EZ TAX PLANNING LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCT 24, 2013 and assigned Florida document number: L13000149891

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here.

Name of New Registered Agent: LINDA J. ZENTZ

New Registered Office Address: 4174 LAS PALMAS WAY
(Enter Florida street address)

SARASOTA, **Florida** 34238
(City) (Zip 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.

Linda Zentz

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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DSSP

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing: _____ (optional)**

If an effective 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 NRS 92A.420, 86.263).
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Sept 10, 2018

Edward M. Zentz
Signature of a member or authorized representative of a member

EDWARD M. ZENTZ
Typed or printed name of signee

Filing Fee: $25.00