2015-03-27 10:00 3/27/2015



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To;		HAR 27
	Division of Corporations	N N
	Fax Number : (850)617-6383	SSEE 7
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From:		11
	Account Name : BOYER LAW FIRM, P.L.	
	Account Number : I20100000071	9:0 LORI
	Phone : (904)236-5317	<b>8</b>
	Fax Number : (904)371-3935	÷. –

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

M.CON) Email Address:

## EZBLOWDRY EXPANSION LLC

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	•		COVER LETTER			
	O: Registration Section Division of Corporations					
SUBIE	EZblowdry Expansion, LLC					
SUBJECI		Name of Lim	ited Liability Company			
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	-			
		Francis M. Boyer				
			Name of Person			
		Boyer Law Firm, P.L				
			Firm/Company			
		9471 Baymeadows	Road, Suite 404			
			Address			
		Jacksonville, FL 322	256			
			City/State and Zip Code			
		E-mail address: (	to be used for future annual re-	port notification)		
For furthe	r information c	oncerning this matter, please c	all:			
Francis M. Boyer			904 236	-5317		
	Name of	f Person	at () Area Code	Daytime Telephone Number		
Enclosed i	is a check for th	e following amount:				
■ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registratio Division of Clifton Bui	Corporations Iding ntive Center Circle		

2015-03-27 10:01

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZblowdry Expansion, 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 <u>12/18/2013</u> and assigned Florida document number <u>L13000174667</u>

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		>?? HA ??
Enter new mailing address, if applicable:	N/A	SSE 77
(Mailing address MAY BE A POST OFFICE BOX)		
		55 <b>8</b>

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

Name of New Registered Agent:	N/A	, 
New Registered Office Address:	N/A	
· · · · · · · · · · · · · · · · · · ·	Enter Florida s	ircei uddress
	City	, Florida
	0.9	140 0000

## 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.

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If Changing Registered Agent, Signatu	rd i		New	Registered Ages	u
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Page 1 of 3	``	<b>v</b>	-		

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If amending the Managers or Authorized Member on our records, <u>enter the fitle, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	EMMANUEL PONCET	1707 E HALLANDALE BEACH BLVD	O Add
		HALLANDALE BEACH, FL 33009 FL	£₽ ₩ Řemove
		·····	C Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Bernard Touret - 100% Ownership

Emmanuel Poncet - Removed from Company

E. Effective date, if other than the date of filing: \_(Optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) (optional)

.210. 2 Dated fiber or authorized representative of a member **Emmanuel Poncet** 

Typed or printed name of signee



## Filing Fee: \$25.00

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