

L14000015385

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EZ HOMEBUYERS, LLC**

Certificate of Status	0
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Page Count	01
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14 JAN 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Wednesday, January 29, 2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EZ HOMEBUYERS, 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 01/28/2014 and assigned
Florida document number L14000015385

This amendment is submitted to amend the following:

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

KARMA EMF, LLC

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

Enter new principal offices address, if applicable:

18952 N. DALE MABRY HWY

(Principal office address MUST BE A STREET ADDRESS)

#102

LUTZ, FL 33548

Enter new mailing address, if applicable:

18952 N. DALE MABRY HWY

(Mailing address MAY BE A POST OFFICE BOX)

#102

LUTZ, FL 33548

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHILLIP K. BRUNDAGE	1363 EMBASSY LANE NAPLES, FL 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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)

Dated 01/29/ 2014



Signature of a member or authorized representative of a member
NICKOLAS J. SPRADLIN ESQ. AS AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

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