14400085011

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COVER LETTER

Div	ision of Corp	porations				
CUDIECT.	EZ WEB SY	STEMS LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		BHASKAR DIVVELA				
			Name of Person		•	
		EZ WEB SYSTEMS LLC				
		-	Firm/Company			
		5028 LINDION CT				
			Address		,	
		JACKSONVILLE FL 3225	57			
		divvela@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual repo	ort notification)		
For further i	nformation co	ncerning this matter, please ca	all:		AON BI	-
BHASKAR	DIVVELA		904 40141. at ()		<u> </u>	
m t.a.	Name of		Area Code I	Daytime Telephone Number	PH 2: 4	
		e following amount:			∌"' ₽	
\$25.00 F	filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ES MER SAZIEWS FFC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000085011	were filed on 27-MAY-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he 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:		新加 智
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
	-	15 M 2: 1
Name of New Registered Agent:		<u>g</u>
New Registered Office Address:	Enter Florida street address	
	. ג. ב. ויז	
	, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SWATHI DIVVELA	5028 LINDION CT JACKSONVILLE FL 32257	■ Add
			□ Remove
			Change
	 		□ Add
			Remove
			Change
			☐ Add
			OBemove O Change
			PAdd 2:
			Change
			□ Add
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to close: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	date of filing or more e statutory filing re	(option than 90 days after fil quirements, this d	ing.) Pur	suant to not be l	605.020 list ed a:
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective tim	e, at 12:01 a.r	n. on t	the ea	rlier o
ated 3-NOV-2018					
Plan 5					
Bhanku i) Signature of a member or authorize					

Page 3 of 3

Filing Fee: \$25.00