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JUN 22 2015

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EZ HOMES and Rentals, LLC 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:
Leslie Cimadevilla, Esq.
CHO LOW Group, LLC
12 SE 7th St - Ste 711 Address
Ft. Lauderdale, FL 33301
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LESITE CIMADEVINA at 954 87-3-7931 Name of Person at 954 87-3-7931 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy, is enclosed)

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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

AM 8: 52

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

and OF

EZ Homes	* Renta	15, LLC
(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	our refords.)
The Articles of Organization for this Limited Liability Co Florida document number 1400087	ompany were filed on 10	-OO-IU and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Desired the second seco		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
company has been notified in writing of this change.		FILE RETARY I IUN 20 1 JUN 20 1 JHETARY C AHASSEE.
	If Changing Registered Agent	Signature of New Ronstered Arent
	Page 1 of 3	STATE ORATIO 8: 52 STATE ORIDA

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	Address	Type of Action		
16R	Thomas Bower	12-56 7th St#71	Add		
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samending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)		
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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 date of filing or more than 90 days after file ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this descument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.			eriof:
ated June 14 , 2015.	SECRE	15 JUN 20	SECRET
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Signature of a member or authorized representative of a member	F.OA	AH 8	RY OF STATE
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Filing Fee: \$25.00