

L150000 82694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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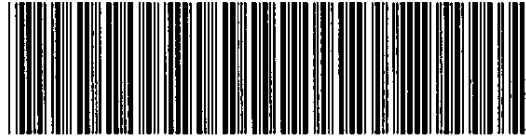
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
X Division of Corporations

SUBJECT: EZZI ENTERPRISE 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:

EZZATOLLAH SABERI  
Name of Person

Firm/Company

18409 EASTWYCK DR.  
Address

TAMPA, FL. 33647  
City/State and Zip Code

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

For further information concerning this matter, please call:

EZZI SABERI at (813) 994-0177  
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

Ezz Enterprise LLC

2015 JUL 12 12:56  
OFFICE OF STATE  
CLERK, FLORIDA  
NEW REGISTERED AGENT

**MGR = Manager**  
**AMBR = Authorized Member**

OFFICE OF THE STATE ATTORNEY

215 JUL 9 12:56

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**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.

Dated 7-14-2015, \_\_\_\_\_.

Signature of a member or authorized representative of a member

EEBATOLLAH SABERI

Typed or printed name of signee

**Filing Fee: \$25.00**

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