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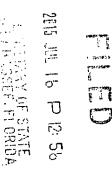
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COVER LETTER

TO: Registration Section * Division of Corporations
SUBJECT: <u>EZZI ENTERPRISE</u> <u>L</u> L C 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.
TAMPA, FL. 33647 City/State and Zip Code
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
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{60.00 Filing Fee,}\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ezzi Entern	rise LL	C	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	5 – 11 – 2015 and assigned	
Florida document number <u>L1500082694</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the de-	signation "LLC" or the 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:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on ere:	our records, <u>enter the name of the nev</u>	
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	•	z.y Code	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this co		

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

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Page 1 of 3

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EZZATOLLAH SABERI	18409 EASTWYCK DR.	Add
		TAMPA, FL 33647	□ Remove
			\ Change
			Add
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etiv	e date, if other than the	e date of f	filing:	e prior to date of f	iling or more than	(option	nal) iling.) Pursu	uant to 605
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