L150000 98899

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



06/22/15--01007--021 **25.00



JUN 2 3 2015

J SHIVERS

			COVER LETTER	
	gistration Sec ision of Cor		e e e	
	EL & EZ, L			
SUBJECT:		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub- ndence concerning this matter (-	
		FERNANDO PEREZ III, I	ESQ.	
		- <u></u>	Name of Person	
		PEREZ & ASSOCIATES		
		-	Firm/Company	
		1303 N ARMENIA AVE		
			Address	
		TAMPA, FL 33607-5310		
		fernando@easyvisas.net	City/State and Zip Code	
For further i	information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notifi all:	(cation)
FERNAND	O PEREZ III	, ESQ.	813 254-3512	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sector Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL & EZ, 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 $\frac{06/05/2015}{2}$ _____ and assigned Florida document number ____

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: ير بر سقر

			5	
Name of New Registered Agent:		AN MA	J	
New Registered Office Address:		NSS ASS	¥22	الم الح بلامین میں 20 میں میں 10
	Enter Florida street address		<u></u>	1
	, Florida	Éw	<u>N</u>	
Registered Agent's Signature, if changing Registered Agent	Cinv		ч и F	

New

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

•

•

.

. ...

Title	Name	Address	Type of Action
			🗆 Add
			Remove
÷			Change
<u>.</u>			Add
			Remove
			Change
			Add
			Remove
			Change
·			Add
			AR Change
			Change
			Add
			Remove
			Change

INCORRECTLY. TH	E CORRECT CITY IS "	SARASOTA" AND NO	TTAMPA. ALL OTHE	R INFO ON
THE ADDRESS IS CO	DRRECT.			
THE COMPLETE CO	RRECT ADDRESS IS:			
3326 NEW ENGLANI	O ST.			
SARASOTA, FL 342.	31			
				<u>-</u> /
ffective date is listed, the d If the date inserted in	an the date of filing: _ ate must be specific and can this block does not meet the Department of State	not be prior to date of filing of the applicable statutory f	or more than 90 days after fi ¹	ing Parsuan po 605 ate will not be liste X X X X X X X X X X X X X X X X X X X
ecord specifies a de e 90th day after th		e, but not an effectiv	e time, at 12:01 a.ı	
1_ X6/14	/15			2:55 2:55 2:55
		STA		

Page 3 of 3

i

Filing Fee: \$25.00