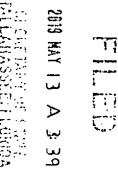
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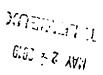
(Req	uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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05/13/19--01010 029 **25.00





COVER LETTER

TO: Registration S Division of Co		•	v
	ESTMENTS, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDREA LISBOA		
		Name of Person	
	EZLI INVESTMENTS.LI	.C	
		Firm/Company	
	PO BOX 8297 CHAMPIONS GATE BLV	/D #327	
	CHAMPIONS GATE, FL	Address 33896	
	FINANCES@TROPICALA	City/State and Zip Code /ILLASORLANDO.COM	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please co	all:	
ANDREA LISBOA		407 449-4338 at ()	
Name	of Person	Area Code Daytime	e 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 massee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	en Pations

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EZL INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on 2013 destrict 3 A 3 39 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 09/04/2013 HASSET FURTHERSSIgned
Florida document number 1.15000151859	
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 "Limi	ited Linbility Company," the designation "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)	
B. If amending the registered agent and/or regist	tered office address on our records, enter the name of the nev
registered agent and/or the new registered office addr	ress here:
None of None Donistant Langue	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	REGIS. CHRISTOPHER	8112 POINCIANA BLVD, C-5	
			Add
		ORLANDO, FL 32821	
			Remove
	RIBAS LISBOA, CARLSON	13249 SOBRADO DRIVE	to Change
AMBR			Add
		ORLANDO, FL 32837	•
		 	Remove
			☐ Change
			Change
			☐ Remove
			Change
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ffective date, if other than the da	te of filing:		(optic	onal)
an effective date is fisted, the date must be Sote: If the date inserted in this block	does not meet the app	licable statutory fil		
ocument's effective date on the Depa	imment of State's record			
e record specifies a delayed e	ffective date, but r	not an effective	time, at 12:01 a	.m. on the earlier
The 90th day after the record	d is filed.			
mated MAY 9TH	2019			
ated		·	,	
	A-19	mollai	<i>(</i> ()	
	anature of a member or au	microco		

Page 3 of 3

Filing Fee: \$25.00