Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018 Phone

: (305)222-2289

Fax Number

: (305)221-3810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EZMARA LLC**

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Corporate Filing Menu

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Registration So Division of Co				
EZMARA				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	BLANCA L LACAYO			
		Name of Person		
	HADAS ACCOUNTING	AND TAX SERVICES	~	
		Firm/Company		
	210 \$W 107TH AVE		2019 SEP 1	71; -
•		Address		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	MIAMI, FL 33174		구:	(-) (-)
	hadastaxeservices@gmail.c	City/State and Zip Code	<u> </u>	
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Blanca L Lacayo		305 222-22289 at ()		
Name	of Person		: Telephone Number	
Enclosed is a check for t	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 (addinonal copy is enclosed)	
MAII	ING ADDRESS:	STREET/COURI	ER ADDR ESS:	

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZMARA LLC		
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2016	and assigned
Florida document number L16000089385		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	68 SE 6TH ST Apt 2610	2019
	BRICKELL CITY CENTER, F.	L 33131 💍 ,
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	•	<u> </u>
		ή.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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, 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
AR	KEVIAM CRUZ	68 SE 6TH ST APT 2610 BRICKELL CITY CENTER, FL	
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			☐ Change
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Signature of a member or authorized representative of a member	The 90th day after the record is filed.	ut not a						
	The 90th day after the record is filed.	ut not a						

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Filing Fee: \$25.00