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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

	Registration Sec Division of Corp			
SIIR IFC	EZ RX BOY	'NTON BEACH, LLC		
SUBJEC	, I .	Name of Limit	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		PAVAN MANTRIPRAGA		
		and the second s	Name of Person	and and a second a
			Firm Company	and the second s
		14300 EAGLE POINTE D		
			Address	
		CLEARWATER, FLORID		
		PAVAN77@GMAIL.COM	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please co	nH:	
PAVAN	N MANTRIPRAC	JADA	813 390-7372	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
, Enclosed	d is a check for t	he following amount:		
\$25	.00 Filmg 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)
	/Regist Divisio P.O. B	ING ADDRESS ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallabassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000117817	were filed on <u>06/17/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI C" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>5</b> ⊻ <u>s</u>
Enter new mailing address if applicables	14300 EAGLE POINTE DRIVE	FILE CRETARY OF C
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FLORIDA 33762	7 200
	v mailing address, if applicable:  14300 EAGLE POINTE DRIVE  CLEARWATER, FLORIDA 33762  CLEARWATER, FLORIDA 33762  CLEARWATER of the name of the new	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florula street address	
office (specific and any or a find disconnection)	, Florida	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
MGR	PAVAN MANTRIPRAGADA	14300 EAGLE POINT DRIVE	
		CLEARWATER, FL 33762	☐ Remove
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			☐ Remove
			☐ Change
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