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(Requestor's Name)					
(Address)					
(Address)					
(viodicus)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



## **COVER LETTER**

Div	ision of Corp	orations					
SUBJECT:	Ez Way Real	lty LLC					
Name of Limited Liability Company							
The enclosed	1 Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Leandro Alvarez					
	Name of Person						
	Ez Way Realty LLC						
Firm/Company							
		1430 W Busch Blvd #9					
Address							
		Tampa Florida 33612					
City/State and Zip Code							
		leandro.ezwayrealty@gmail.					
		E-mail address: (to	o be used for future annual	report notification)			
For further in	nformation co	ncerning this matter, please ca	H:				
Leandro Alv	arez			5-6163			
Name of Person at ()  Name of Person Area Code Daytime Telephone Numb					one Number		
Enclosed is a	check for the	following amount:					
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc.)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ez Way Realty LLC				
(Name of the Lim	i <mark>ited Liability Company as it now appes</mark> (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on 8-	4-16 and assigned		
Florida document number L16000144041	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	<del></del>			
		1		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the name of the new registere</u> c		
The second secon	too nere.			
Name of New Registered Agent:	Leandro Alvarez			
New Registered Office Address:	1430 W Busch Blvd #9			
<del></del>	Enter Florida street address			
	Tampa	, Florida 33612		
	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
MGR	Osbyel Gonzalez	. <u>.</u>	□Add
		1430 W Busch Blvd #9 Tampa FL 33612	Remove
			□Change
MGR	Leandro Alvarez	1430 W Busch Blvd #9 Tampa FL 33612	<b>≣</b> Add
		·	🗆 Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 21st 2024 Signature of a member or authorized representative of a member Yosvani Alvarez Typed or printed name of signee

Filing Fee: \$25.00