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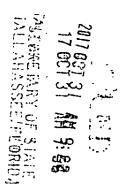
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(Business Entity Name)
(Document Number)
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COVER LETTER

	ion Section of Corporations
SUBJECT:	EZ Covr + Dors LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	Laura McKamey Name of Person
	EZ Court Docs, LLC Firm/Company
	1645 Palm Beach Lakes Blvd., Ste 1200
	West Palm Beach, FL 33401 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Laur	Same of Person at (501) 247-3022 Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
\$25.00 Filing F	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZCOO	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
Florida document number 100014575 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 L	liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1645 Palm Beach Lakes Blvd.
(Principal office address MUST BE A STREET ADDRESS	1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FC 33401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. Box 17266 West Palm Beach, FL 33416
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	aura McKamey
New Registered Office Address: 1645	Palm Beach Lakes Blvd, Suite 1200 Enter Florida street address Palm Beach, Florida 33401 City Zip Code
<u>We St</u>	Palm Beach Florida 33401
	City Zip Code
New Degistered Agent's Signature if changing Degistered Ag	ent:

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 fereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Lam familiar with and

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>	<u>Name</u>	Address	Type of Action
AMBR	Nicholas McKamey		
	,		Remove
			Change
AMBR	Laura Mc Kamey		Add
	,		Remove
			Change
		, 	
			🗆 Remove
			Change
·		197	🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional s	,
	-
	-
	
	
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Effective date, if other than the date of filing:	ارب برای از این از
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more tha Note: If the date inserted in this block does not meet the applicable statutory filing requ	in 90 days after filing: Rursuant to 605.0207
document's effective date on the Department of State's records.	NIC.
the record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	at 12.01 a.m. on the carrier of
Dated $\frac{10/23}{2}$. $\frac{2017}{2}$	
Dated 10/2) . 2017 .	
Signature of a member or authorized appresentative of a m	wmher
organizate of a memory of authorized Apresentative of a mi	removi
Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00