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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>EZ</u>	PURCHASE Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Simon	Beroyon Name of Person	
		Name of Person	
	EZPurc	hase LLC Finn/Company	
		Firm/Company	
	12770 Hyl	and CIZ. Address	
	Boca Rator	P, P L. $33428City/State and Zip CodeP$ P P P P P P P P P	<u>.</u>
	F. 1000 55	- City/State and Zip Code コチ ロ いんか、ハカド	N
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Simon î	Benavon	at (780) 501-	U313
Name o	f Person	Area Code Daytime	Telephone Number
	5.11		
Enclosed is a check for the			
\$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)

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

EZ PORCHASE LCC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	12/39/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	20 <u>50</u>
(Mailing address MAY BE A POST OFFICE BOX)	20 9 K 0 V 2
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, enter the name of the ne
, and the state of	4
Numa of Navy Pagistarad Agent:	₹11 6
Name of New Registered Agent:	
New Registered Office Address:	
Enter Pla	orida street address
	, Florida
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>	<u>Name</u>	Address	Type of Action
9MBR	Eyal Abramov	12770 Hyland CIR Boca Raton, FL. 3342	¤ Add
	·	Buca Raton, FL. 3342	Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

an effect ote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ited _	VOV. 8th 2019
	Signature of a member or authorized representative of a member SIMON D. Benayon Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00