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R. INFATE MAR 1 4 2020

## COVER LETTER .

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TO:		ition Sect of Corp			
emb ic		L BOUT	BOOBIES LLC		
SUBJE	CI:		Name of Limi	ted Liability Company	
The enc	losed Art	icles of A	mendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all c	correspon	dence concerning this matter	to the following:	
			ELYSHIA SCHEMMEL		
				Name of Person	<del></del>
			EZS Services LLC		
				Firm/Company	<del></del>
			2617 NW 36TH STREET		
				Address	
		BOCA RATON, FL 33434			
				City/State and Zip Code	
			eschemmel@easilyinclle.co		
For furt	her inform	nation cor	ncerning this matter, please ca	o be used for future annual report no	otineation)
	Schemm			908 9025450	
		Name of I	Person	at () Area Code Dayti	me Telephone Number
Enclose	d is a che	ck for the	following amount:		
<b>\$25</b>	i.00 Filing	g 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)
	Registr	Address:	ection	Street Address: Registration S	
		on of Co ox 6327	rporations	Division of C The Centre of	
	-		L 32314		roc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 FED 24 FH 7: 14

If Changing Registered Agent, Signature of New Registered Agent

ALL BOUT BOOBIES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fionda Limited L	Claomity Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 17, 2017 and assigned	
Florida document number L17000012658		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
EZS SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	2617 NW 36TH STREET	_
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33434	_
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
		•
		-
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registe	red
agent and/or the new registered office address here:		
Name of New Registered Agent:		-
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
	·	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	the

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			\ \tag{\text{Add}}
			□Remove
			Change
<del></del>			□Add
			Пкеточе
		<del></del>	□Change
			□Add
			Remove
		<del> </del>	\ \ \ \ \
			ПРЕТВО ПРЕ
		<del></del>	Change
			□Add
			ПRетюче
		<del></del>	□Change
			□Add
			□Remove
			Da

lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
lf an e <u>Note</u>	ctive date, if other than the date of filing:  (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as imment's effective date on the Department of State's records.
e rec rd is	ord 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 filed.
Date	d FEBRUARY 20  Signature of a member or authorized representative of a member
	Elyshia Schemmel  Typed or printed name of signee

Filing Fee: \$25.00