## 117000222314

(Re	equestor's Name)	<del></del>
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J. HARRIS

## **COVER LETTER**

EZEECARO UBJECT:	io L.L.C.		
	Name of Limi	ited Liability Company	
he enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	t
lease return all correspon	ndence concerning this matter	to the following:	
	ERIC ZIRKLE		
		Name of Person	
	EZEECARGO L.L.C.		
		Firm/Company	
	13920 58TH STREET N B	LD 10 STE 1006	1
		Address	<del></del>
	CLEARWATER, FL 3376	50	
	ENDET ESCRETE A DCO	City/State and Zip Code	
	EZIRKLE@EZEECARGO.  E-mail address: (	to be used for future annual report notifi	cation)
or further information co	oncerning this matter, please ca	all:	
ERIC ZIRKLE		727 225-3053	
Name o	f Person	at () Area Code Daytime	Telephone Number
inclosed is a check for th	ne following amount:		
S25.00 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 of 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 Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZEECARGO, L.L.C		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER	26, 2017 and assigned
Florida document number £17000222314		
This amendment is submitted to amend the following:		I
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		* CD
		10
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
		Ca
B. If amending the registered agent and/or registered of		ecords, enter the name of the no
registered agent and/or the new registered office address here	<u>e</u> :	
		1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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
MGR	Cedric Moore	13920 58th St N Bld 10 Ste 1006	☐ Add
		Clearwater, FL 33760	■ Remove
			□ Change
MGR Eric Zirkle	Eric Zirkle	13920 58th St N Bld 10 Ste 1006	<b>=</b> Add
		Clearwater, FL 33760	Remove
			☐ Change
		<u> </u>	Add
			☐ Remove
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ecord specifies a delayed eff	fective date, but not an effective time,	at 12:01 a.m. on the earlier
ne 90th day after the record		at 12.01 ann on the carrier
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ed January 05	2018	- L.
5		] ] ]
	nature of a member or authorized representative of a m	
Sign	muse of a memoer or aumorized representative of a ri	nemoer :
Eric Zirkle		l w
	Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00