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SECRE FARY OF STALL DIVISION OF CORPORATIONS

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COVER LETTER

Division of Co	rporations		
EZ-UP SUBJECT:			
30b0EC1,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Otis Johnson Jr		
		Name of Person	
	EZ-UP		
	-	Firm/Company	· ·· ·
	1637 Orrington Payne P	ı	
	 	Address	
	Casselberry, FL. 32707		
		City/State and Zip Code	
	otisjohnson2000@yahoo.		····
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please ca	all:	
Otis Johnson Jr		407 310-3342	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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:

TO:

Registration Section

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-UP		<u></u>		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) iy)		
The Articles of Organization for this Limited I Florida document number L17000254026	Liability Company were filed on	12/12/2017 and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company	y here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	AUG -9		
Enter new mailing address, if applicable:		P		
(Mailing address MAY BE A POST OFFICE	<u> </u>	S 57		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	C .	on our records, enter the name of th		
New Registered Office Address:	1637 Orrington Payne PI			
	Enter Florida street address			
	Casselberry	, Florida		
New Registered Agent's Signature, if changing	City Registered Agent:	Zīp Code		
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and agree to act in th			

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
AMBR	Otis Johnson Jr	1637 Orrington Payne Pl.	= Add
		Casselberry, FL 32707	☐ Remove
			Change
			□ Remove
			Change
		<u> </u>	Remove
			Change
			□ Remove
			Change
			Add
		-	Remove
			Change
	<u></u>		
			Remove
			☐ Change

If amending any other informa			_
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	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis	
the record specifies a delayed) The 90th day after the rec		ive time, at 12:01 a.m. on the earl	ier of:
August 6th Dated	2018		
Sales	· ·		
1.771		-	
	Signature of a member or authorized represent	tative of a member	

Page 3 of 3

Filing Fee: \$25.00