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PICK-UP	WAIT	MAIL
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C. GOLDEN 0CT - 2 2019

# **COVER LETTER**

Division of Co	rporations	,		
SUBJECT:F	ASY FL Prop	PENTIES	LLC	
	Name of Lim	ited Liability Compan	Ŋ.	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	_			
	David Si	LENSONI		
	EASY FL	Pagara	TICC 1	1 C
		Firm/Company	s / L	
	5113 /	Avery 1	20	
		Address		
	NEW POR  DAVE (  E-mail address: (1)	T RICHE	4, FL	34652
	N	City/State and Zip (	Code	
	E-mail address: (	to be used for future a	nnual report notific	ation)
For further information (	concerning this matter, please ca		•	,
DAVID S	VC-VSON	at (727 Area Code	<u>, 688 -</u>	1100
Name o	of Person	Area Code	Daytime T	Celephone Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	ру	☐ \$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

# TO ARTICLES OF ORGANIZATION OF

F 7

EASY FL PR	Lo PENTIUS.	LLC	2019 SF 18
EASY FL PROMITE	d Liability Company A Florida Limited Liab	as it now appears of offity Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number	ability Company we	ere filed on	MAY 1, 2018 and a
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here	:
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble: _	Company." the desi	gnation "LLC" or the abbreviation "
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	 <u>BOX)</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off		e address on o	our records, enter the name
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida	a 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc 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 Age

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Тур
M62	JOE BATIZIN	2882 GULF to BAY BLV	v, 236 o,
		2882 GULF to BAY BLV CLEARWASTER FZ 337	ایم ا
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(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.
Dated	SEPTEMBER 15 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	21 1

Page 3 of 3

Filing Fee: \$25.00