1900005003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100332958571

LE ARTARY OF STATE

2019 AUG 19 PH IZ: 43

08/19/19--01018--003 ++25.00



C. GOLDEN AUG 1 9 2019

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: EZD Group. LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eric Spann Name of Person	
EZD Group, LLC Firm/Company	
1015 Farmington Rd Address	
Pensacola, FL 32504 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eric Spann at (850) 937-7407 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Secretificate of Status S55.00 Filing Fee Secretified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

FILED

		,, ,	2019 AL	JG 19 PM 12: 44
(Name of the Limit	roup, LL ed Liability Com	Dany as it now appea	ns on our records)	HARY OF STATE
	(A Florida Limited	I Liability Company)	· · · · · · · · · · · · · · · · · · ·	IASSEC FLORM
The Articles of Organization for this Limited Li	iability Compan	y were filed on _	April 17, 201	9 and assigned
Florida document number <u>L190001050</u>	<u>68</u>			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company h	<u>ere</u> :	
N/A The new name must be distinguishable and contain the w	. <u>. </u>	<u> </u>		
The new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				
Enter now welling address if and limble.				
Enter new mailing address, if applicable:	DAN'T			
(Mailing address MAY BE A POST OFFICE)	<u>BOA)</u>			
B. If amending the registered agent and/			n our records, <u>ent</u>	er the name of the r
registered agent and/or the new registered of	fice address he	<u>re</u> :		
Name of New Registered Agent:	N/A			
				
New Registered Office Address:		Enter Flo	orida street address	
			. Florida	
		Сиу	, 1101104	Zip Code
New Registered Agent's Signature, if changing b	Registered Agen	<u>t:</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the prope accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complet stered agent as registered offic	e performance o _i provided for in (f my duties, and Lar Chapter 605, F.S. C	m familiar with and Or, if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Darnita Spann	1015 Farmington Rd.	I A dd
		Pensacola, FL 32504	☐ Remove
			Change
			□ Remove
			Change
			Петоve
			Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			☐ Change
			□ Remove
			Change

	-	
	-	
	-	
	-	
	-	
	-	
	•	
	-	
	-	
	•	
	-	
1	lote:	ive date, if other than the date of filing:
		cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
D	ated	8/19/19 Enc Apann Signature of a member or authorized representative of a member
		Signature of a member or authorized representative of a member
		Eric Spann Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00