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## **COVER LETTER**

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COACH D SUBJECT:	EZI LLC ,		
	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:	
	CHARLES E HENDERSO	NO.	
		Name of Person	
	THE HOSE OF TAXES L	LC	
	<del></del>	Firm/Company	
	15108 HEATHRIDGE DR		
		Address	
	TAMPA FL 33625		
	ch@h1040.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
CHARLES E HENDER	SON	813 265-2806	
Name c	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	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)
MAII	INC ADDRESS:	STDEFT/COUDIN	ED ANNDESS.

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000Z3O 64</u>	were filed on 09/11 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abi	breviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	•	breviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	THE HOUSE OF TAXES LL	c - S	19 0	
New Registered Office Address:	15108 HEATHRIDGE DR	: :	<u> </u>	
		Florida street address		
	TAMPA City	, Florida \frac{33625}{\frac{127}{25} + \frac{127}{25}}	Code 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>	<u>Address</u>	Type of Action
MGR	DEZBAH ZEVIN	19349 LONG LAKE RANCH BLVD LUTZ FL. 33558	
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			Change
			Add
			□ Remove
			Change
<del></del>			□ Add
			☐ Remove
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The 90th day after	the record is file	d.			87.
10/10/		2019			19
Dated		- · <del>- ///</del>	_· /		007
		11/10/2			
	Signature of	VVVVV	rized representative o	f a mombor	
	Vignature of				5 RM 17 T
CHADIUSE	HENDERSON				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee