(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	

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Account#: I20000000088

Date: November 10, 2020	ACCOUNT#. 12000000000
Name: David Shulman	
Reference #: 1287739	_
Entity Name: EZ T	RANSPORT, LLC
Articles of Incorporation/Authorization	n to Transact Business
✓ Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	David:
Conversion	850-270-0082
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25.00 Signature:	
orginature.	· <u> </u>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ Transport	ted Liability Company as (A Florida Limited Liabil	it now appears on our r ity Company)	ecords.)		-	
The Articles of Organization for this Limited L		e filed on <u>2/24</u>	12020	and a	assigne	d
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability	company here:				
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany." the designation	"LLC" or the	abbreviation :	L.L.C.	
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	ET ADDRESS)				<u>.</u>	
Enter new mailing address, if applicable:				- -		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	V		ES	22	
					VO	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office addr ss here:	ess on our records, <u>e</u>	nter the na	me of the n	ew reg	(istered
Name of New Registered Agent:	ShaneKa	Young		<u> </u>	<u>'ē</u>	
New Registered Office Address:	6126 SE	152nd Street	e+ ddress			
	Hawthorne	City	_, Florida	3264 Zip Cod		

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
AMBR	Shaneka Young	6126 SE 152nd Street	□Add
		Hawthorne, Fl. 32640	Remove
			□ Change
M GR	Ezekiel Young	6/26 SE 15200 Street	■Add
		Hawthorne, Fl. 32640	🗆 Remove
			Change
AMBR EZEKIEL Young	Ezekiel Young	6126 SE 152nd street	Add
		Hawthorne, Fl. 32440	□ Remove
			□Change
			□Adć
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary).)
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(If an effo	ve date, if other than the date of filing:
the record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	November 10th, 2020
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed of printed name of signee

Filing Fee: \$25.00