

L2 0000 117545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

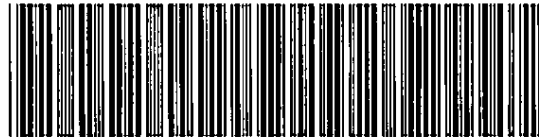
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/26/20--01008--029 \*\*25.00

FILED  
2020 MAY 26 AM 6:41  
JUN 11 2020  
S. YOUNG

JUN 11 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E-Z BREATH 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:

CHINEDU CHIDOLUE  
Name of Person

E-Z BREATH LLC  
Firm/Company

952 INTERNATIONAL PARKWAY  
Address

LAKE MARY, FL 32746  
City/State and Zip Code

hello@e-zbreath.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chinedu Chidolue at ( 407 ) 904 7870  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

E-Z BREATH LLC

**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>	<u>Type of Action</u>
MGR	ONYEKWELL EMILY	952 INTERNATIONAL PARKWAY LAKE MARY, FL 32746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		952 INTERNATIONAL PARKWAY LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

AYESHA CHIDOLUE  
Signature of a member or authorized representative of a member

AYESHA CHIDOLUE  
Typed or printed name of signer