

120000149696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

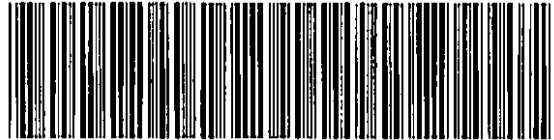
(Business Entity Name)

(Document Number)

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2020 AUG 20 AM 11:39

CERTIFICATIONS

OCT 07 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EZ EatZ by Yaya 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:

Yahia zrikem

\_\_\_\_\_  
Name of Person

Ez. EatZ by Yaya LLC

\_\_\_\_\_  
Firm/Company

4229 Victoria Lakes DR W

\_\_\_\_\_  
Address

Jacksonville Florida 32226

\_\_\_\_\_  
City/State and Zip Code

Owner@ezeatzbyyaya.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yahia Zrikem

904 9946508  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the 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)

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EZ Eatz by Yaya LLC

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/14/2020 and assigned  
Florida document number 120000149696.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ez Eatz by Yaya LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4229 Victoria Lakes Dr W

Jacksonville Florida 32226

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4229 Victoria Lakes DR W

Jacksonville Florida 32226

**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:

Yahia Zrikem

New Registered Office Address:

4229 Victoria Lakes Dr W

*Enter Florida street address*

Jacksonville

*City*

Florida 32226

*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 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>	<u>Type of Action</u>
MGR	Yahia Zrikem	4229 Victoria Lakes DR W	<input checked="" type="checkbox"/> Add
		Jacksonville Florida 32226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Erin Rachelle Zrikem	4229 Victoria Lakes DR W	<input type="checkbox"/> Add
		Jacksonville Florida 32226	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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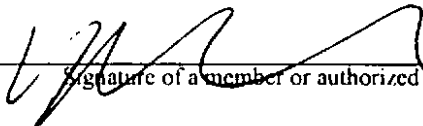
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 8/14/2020

  
Signature of a member or authorized representative of a member

Yahia Zirikem

Typed or printed name of signee