LZO 000187338

(Re	questor's Name)	
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AUG 31 2020 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp		• •	
SUBJE	EZ RENT L	LC		
OC DOL	C1	Name of Lim	ited Liability Company	
·	1 . 3 A	A d d	unional for Clin.	
		Amendment and fee(s) are sub	-	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Ekaterina Zakharova		
		-	Name of Person	
			Firm/Company	
		15811 Collins ave Apt 370	6	
			Address	
		Sunny Isles Beach, FL 331	60	
		10011/05/5	City/State and Zip Code	
		zes19811605@gmail.com E-mail address: (to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please ca	ıll:	
Ekateri	na Zakharova		786 202-7600	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 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 Addres	<u>s:</u>	Street Address:	

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

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 RENT LLC		.*	
(Name of the Limited Liab	ility Company as it now appears on or da Limited Liability Company)	ir records.)	ا فر ا
(***	and Emilia Emonity Company,	, ,	·
he Articles of Organization for this Limited Liability	Company were filed on $\frac{07/02/20}{1}$	20	and assigned
lorida document number L20000187338			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the li	mited liability company here:		
Ekaterina S Zakharova LLC			
he new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office addr <u>ess MUST BE A STREET ADI</u>)DF.CC1		
Trincipal office address MOST DE A STREET ADD		 	
			
Enter new mailing address, if applicable:	·		-
Mailing address MAY BE A POST OFFICE BOX)			. <u>.</u>
3. If amending the registered agent and/or register	ed office address on our record	s, enter the name of	the new regis
gent and/or the new registered office address here		-	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
	Lines I writed Succi director		
	720	, Florida	Zip Code
	City		ир Сове

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 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
		 	□ Add
			□ Remove
			Change
			□Add
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			Change

Effective date, if other than the date of filing: 1 or/15/2020 (optional) 1 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 695.020 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 rd is filed. Dated July 14th Buth Signature of a member or authorized representative of a member			
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Saxar Saxar		and the second s	
Signature of a member or authorized representative of a member	d is file		Oth day after the
Signature of a member or authorized representative of a member	Dated _	July 14th 2020.	
Signature of a member or authorized representative of a member		Sasar	
		Signature of a member or authorized representative of a member	
		Ekatekiha Zakhakova Typed or printed name of signee	

TOTAL TO ANALYSIS