L20000222385

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SECRETARY OF STATE

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T. BURCH

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
EZSCAPE 1	MANAGEMENT, INC.		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Debbie N Dass-Conk		
		Name of Person	
		Firm/Company	
	5379 Lyons Rd #3126	Time Company	
		Address	
Coconut Creek, FL 33073			
	ddconk@ezscape.us	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca	dl:	
Debbie N Dass-Conk		954 4252673 at ()	
Name of Person		Area Code Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[7] \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32.	ations shassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZSCAPE MANAGEMENT, INC.		
(Name of the Limited	l Liability Company as it now appears on our records. V Florida Limited Liability Company))
The Articles of Organization for this Limited Lia Florida document number L20000222385	hility Company were filed on July 27, 2020	and assign
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of (the limited liability company here:	7
EZscape Management LLC		307.0 SE:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the acceptations I.I.C.
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)		ASSEE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	FLORIDA
B. If amending the registered agent and/or reagent and/or the new registered office address		he name of the new ry
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	121	rida
	City.	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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
			□Remove
			□Change
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing to more than 90 days after filing.] Pursuant to 60 More if the date instead in this block does not meet the applicable statutory filing requirements, this date with not be list document's effective date on the Department of State's records. The 90th day after date of the date of the date, but not an effective time, at 12:01 a.m. on the earlier of the The 90th day after date of the date. Dated August 5 Signature of a member or authorized representative of a member Dubble N Dass-Coak							
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