



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IZII 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:

Nicholas J. Beideman, Esq.  
\_\_\_\_\_  
Name of Person

Polsinelli P.C.  
\_\_\_\_\_  
Firm/Company

150 N Riverside Plaza Suite 3000  
\_\_\_\_\_  
Address

Chicago, Illinois 60606  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dylan Warren  
\_\_\_\_\_  
Name of Person

312 463-6389  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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 **FILED**  
OF**

2022 OCT 31 AM 9: 01

IZ11 LLC

(Name of the Limited Liability Company as it now appears on our records.) OF STATE  
(A Florida Limited Liability Company)      COUNTY OF      SE, FL

The Articles of Organization for this Limited Liability Company were filed on September 17, 2020 and assigned Florida document number L20000292727.

This amendment is submitted to amend the following:

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

IZ11 Operations, 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ **Florida** \_\_\_\_\_

*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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 October 18, 2022

*/s/ Gediminas Garmus*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gediminas Garmus

\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2022

COGENCY GLOBAL INC

SUBJECT: IZI1 LLC  
Ref. Number: L20000292727

We have received your document for IZI1 LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 822A00023772

RECEIVED  
2022 OCT 31 AM 11:40  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/28/2022

Name: Janelle Davis

Reference #: 1813070

Entity Name: IZI1 LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE FILING EVIDENCE

**PLEASE RETAIN THE ORIGINAL DATE OF  
SUBMISSION, 10/21/2022**

Authorized Amount: \$55

Signature: Janelle Davis



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/28/2022

Name: Janelle Davis

Reference #: 1813070

Entity Name: IZI1 LLC

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Merger

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Fictitious Name

Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: Janelle Davis





**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **October 21, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1813070**

Entity Name: **IZI1 LLC**

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

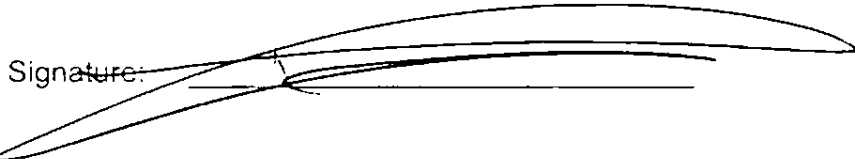
Dissolution/Withdrawal

Fictitious Name

Other **\*\* CERTIFIED COPY UPON FILING \*\***

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$55.00**

Signature: 



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2022

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