

L20000312309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

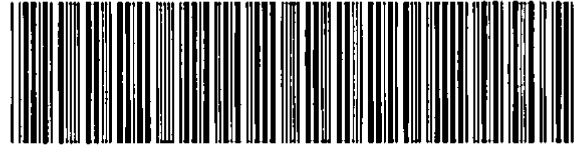
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ Out Ventures 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:

Alyssa Freiermuhlt
Name of Person

EZ Out Ventures LLC
Firm/Company

15002 Lakeside Cove Ct
Address

Odessa FL 33556
City/State and Zip Code

e2out3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Freiermuhlt at (813) 240-2454
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

EZ Out Ventures LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
MGR	Alyssa Freiermuhl	15002 Lakeside Cove					<input type="checkbox"/> Add
		Ct. Odessa	FL	33556			<input type="checkbox"/> Remove
							<input checked="" type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 August 23. 2021.

Alissa Free market
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Alessa Freiermuhl

Typed or printed name of signee

Filing Fee: \$25.00