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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Section **Division of Corporations** FZ ACCESS & EQUIPMENT, LLC SUBJECT: ____ 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: KARINA MUSIC Name of Person EZ ACCESS & EQUIPMENT, LLC Firm/Company 2114 N FLAMINGO RD #1125 Address PEMBROKE PINES, FL 33028 City/State and Zip Code ADMIN@EZ-RENTZ.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 4836485 KARINA MUSIC at (_ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ ACCESS & EQUIPMENT, LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited L. Lorida document number 1.21000057108	iability Company	were filed on 1/3/2022		_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		•
he new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2114 N FLAMINGO R PEMBROKE PINES, I		
			1233020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2114 N FLAMINGO R PEMBROKE PINES, I		
B. If amending the registered agent and/or agent and/or	registered office	address on our records	s, enter the name	SECRETAR TATARAH
Name of New Registered Agent:	FZ ACCESS &	EQUIPMENT, LLC		TARY OF STAHASSEE,
New Registered Office Address:	2114 N FLAM	INGO RD #1125 Enter Florida stre	vei address	FARE
	PEMBROKE I	PINES	. Florida 3302	8
		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>	Address	Type of Action
MGR	NATALIE GARCIA	7900 OAK LANE#433, MIAMI LAKES, FL 33016	□ Add
			≡ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if other than the discretive date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	ck does not meet the app	licable statutory filing	(optional ore than 90 days after filing requirements, this dat	g.) Pursuant to 605.020
cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
AUGUST 31ST	2022			
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	1/ -//	_		
•<	Line Mein Signature of a member or au	7		