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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	EZ TAMP.	ABAY REAL ESTATE LLC Name of Lie		
		Name of Lie	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		NAUREEN MERCHANT	г	
			Name of Person	
		EZ TAMPABAY REAL I	ESTATE LLC	
			Firm/Company	
	11636 BRISTOL CHASE DR			
	Address			
TAMPA FL 33626				
			City/State and Zip Code	
		HARSHA.TAS@GMAIL.G		
			to be used for future annual report no	otification)
for further in	formation co	oncerning this matter, please c	all:	
NAUREEN I	MERCHAN	T	727 517-6345	
Name of Person		727 517-6345 at () Area Code Dayti	me Telephone Number	
inclosed is a	check for th	e following amount:		
☐ \$25.00 Fi	iling Fee	S30.00 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)
Reg Div P.O	ing Address istration S ision of Co . Box 632' ahassee, F	Section Orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EZ TAMPABAY REAL ESTATE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000214314		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here	:
NAUREEN MERCHANT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "L.L.C" 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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, <u>enter the name of the new registered</u>
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree orovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and perfer 605, F.S. Or, if this document is
If Char	ging 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>11tte</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
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			Remove
			□Change
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ctive date, if other than th	re date of filing:		(optional)	
attoobse date is beteal, the date is	and be specific and entired by re-	Table to office of hitman	and a sure of the	(बनाबार का 005-020
e: If the date inserted in this intent's effective date on the	Department of State's recor	qa qa	requirements, this date wi	ll not be listed as
erd specifies a delayed offer) filled	n e dato, but not an effective	rime, at 12 01 a m. e	n the eather of (b). The 9	Th day after the
d SEPTEMBER 26	2023			
		1 10 11	r_{\sim} / /	

Filing Fee: 825.00

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