K21000303407

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COVER LETTER

TO:

	Registration Se Division of Cor			
elibirei		MARKETING LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please rett	arn all correspo	ndence concerning this matter	to the following:	
		ALEX ESPENKOTTER, I	ESQ.	
			Name of Person	
		HELLER ESPENKOTTE	R. PLLC	
	Firm/Company			
	3250 MARY STREET, SUITE 204			
	Address			
	COCONUT GROVE, FLORIDA 33133			
			City/State and Zip Code	
		ALEX@HELLERLAWGR	OUP.COM to be used for future annual report noti-	6()
r 6 d			·	ncadon)
For furthe	r information co	oncerning this matter, please ca	att;	
ALEX ES	SPENKOTTER		305 777-3765 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
F F	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION VISION OF CONCEPTION AND ARTICLES OF ORGANIZATION OF 2092 AND

2022 AUG -2 AM 11: 27

EZ RATE MARKETING 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 Florida document number L21000303407	were filed on 07	/01/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "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 agent and/or the new registered office address here:	address on our re	ecords, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
TVCW Tregistered William Treatment of	Enter Flor	ida street address	
		, Florida	Zip Code
	·		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		• •	

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 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>	Type of Action
MGR	MICHAEL ACOSTA	8000 NW 7 STREET. SUITE 204	≣ Add
		MIAMI, FLORIDA 33126	□Remove
			□Change
MGR	SARA BRITTO	15754 SW 46 STREET	
		MIAMI. FLORIDA 33185	■Remove
		,	□ Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
		··	Remove
			□ Change
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach addit	
	2022 AUG -2 AM II: 2
	
	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
Note: If the date inserted in this block does not meet the applicable statutory fili	ing requirements, this date will not be listed a
locument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m	on the earlier of the The With day after the
d is filed.	. On the earner of. (o) The Four day after the
Dated July 28 , 2022	
Signature of a member or authorized representative	ce of a member
ALEX ESPENKOTTER	
Typed or printed name of signee	