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PICK-UP WAIT MAIL
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SECRETATE SECRETARY OF STATE

2021 SEF 23 AN IO: 38

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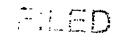
COVER LETTER

	ion Section of Corporations	•	
SURJECT:	EAZY Auto Rento Name of Limi	is LLC	
	Name of Limi	ted Liability Company	
	les of Amendment and fee(s) are subt		
Please return all co	rrespondence concerning this matter (to the following:	
	Steven	Barnett Name of Person	
		Name of Person	
		Firm/Company	
	2480 Nu	63 a 1 Dive	
		63 Ad Ave Address	
	Sunrise, FL	33313	
	CAZY Ben- E-mail address: (1	333 (3) City/State and Zip Code (0 5 93 6 10 10 10 10 10 10 10	cation)
For further informa	ation concerning this matter, please ca		
Steve	n Barnett	u (305) 301-	5277
ŗ	Name of Person	Area Code Daytime	reteptione Number
Enclosed is a checl	c 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	*ion
	tion Section	Registration Sec	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 OF



2021 SEP 23 AM 10: 38

SECRETARY OF STATE TALLAHASSEE, FL

Eazy Kentalo Z	10			
Eazy Rentals (Nume of the Limited)	Liability Compan Florida Limited Li	y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 2 / 000 305</u> 3 2	ility Company v	were filed on $\frac{7/2}{2}$	/2021	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ie limited liabil	ity company here: (EAZY Aruto	Rentals LLC
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designat	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:	2480 NW Surrise +6	63Rd	Ave
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>	Surrise 16	33313	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office ac	2480 Nov 6 Squarise FL 3		
Name of New Registered Agent:	Steven	Barneff		
New Registered Office Address:	2480 N	Barnest w 63td Ave Enter Florida stra	Sunrise 4L set address	, 33313
		City		
·		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:

or remov	ea from our records.			
MCP -	Managar			

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
***************************************			□Add
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