

L21000332251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

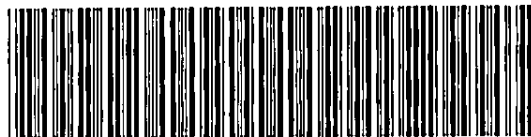
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2021 AUG 9:20
SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ DRIVE RENTALS
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUES JOSEPH
Name of Person

TRUST L30ACY LLC
Firm Company

4770 WEST COLUMBIA DR
Address

ORLANDO, FL 32808
City, State and Zip Code

trustl30acyllc@yahoo.com
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call:

JACQUES JOSEPH at (321) 440-4086
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is not used) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is not used)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EZ DRIVE RENTALS

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

The Articles of Organization for this Limited Liability Company were filed on 07/21/2021 and assigned
Florida document number L21000337751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TRUST LEGACY LLC

New Registered Office Address:

41220 WEST COLONIAL DR

Enter Florida street address

ORLANDO

Florida

32808

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.

Jacques Joseph

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRUST LEGACY LLC		☐ Add
		ORLANDO, FL 32802	☐ Remove
		4220 WEST COLONIAL DR	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated 07/21/21

Signature of an employee authorized to represent the employee

1894

Filing Fee: \$25.00