L21000348495

(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor				
suвјест: <u>Plan</u>	ining to Prep? L	earn The Stop! E	2 40 PREPBY MAL	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mallory S	Schreiber Name of Person		
		Firm/Company		
	12203 wo	OCL DUCK PL	Tampa FL,336	17
	MallonySchre	City/State and Zip Code City/State and Zip Code Ober 10 0000000000000000000000000000000000	<u> </u>	
For further information of	E-mil address: (to oncerning this matter, please ca	. • • •	ication)	
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	ne following amount:			
D\$25.00 Filing Fee	☐ \$30.00 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)	
Mailing Address Registration S		Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Planning to Prep? Learn The Stos! E2 40 PREP By MAL, 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 Comparing L21000348495	any were filed on 8-3-21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
EAZY EATZ LLC	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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	Eric Bill	12154 Blue Pacific Drive	เมาส์เ
		Riverview, FL 33579	□Remove
			□Change
			🗆 🗆 🗀 Add
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ote:	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	September 27. 21.
	MM_{avert}
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00