121000397983

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COVER LETTER

	ion Section of Corporations		
EZ	ZZÎLC	y ÿ	
SUBJECT:		imited Liability Company	·
The enclosed Artic	les of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	Artavius La	mar Wilson	
		Name of Person	
	EZZZ LLC		
	-	Firm/Company	
	5468 Seltor	n Ave	
		Address	
	Jacksonville	e FI	
		City/State and Zip Code	
	artlamarwil@gma	All.COM (to be used for future annual report no	tification)
For further informa	tion concerning this matter, please	·	The action of
Artavius		.904 647-0	1335
	ame of Person	at ()	ne Telephone Number
		Aca code Dayin	ne receptione number
Enclosed is a check	for the following amount:		
区\$25.00 Filing F	ce \$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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZZZ LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L21000397983	were filed on 09/08/21	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
EZZZ CLEAN LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbre	viation "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 adagent and/or the new registered office address here:	PO Box 11281 Jacksonville FL 32	
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	e to act in this capacity. I further agree, erformance of my duties, and I am fam	to comply with the litiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	Artavius Wilson	5468 Selton Ave Jacksonville FL 32277	ØAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
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			Change
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			□Remove
			Change
_			□Add
			Remove
			□ Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as a
e record specifies a delayed effective date, but not an effective time, at rd is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 10 23 2021	
Signature of a member or authorized r	coresentative of a member

Typed or printed name of signee