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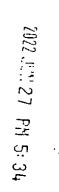
(Requestor's Name)
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(Document Number)
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of 9/20/2022

COVER LETTER

Division of Cor	porations					
SUBJECT: EZEY BF	REFZE IIC					
Debuget. <u>LZE1 bi</u>	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	_					
	Corpor	ate Maintenance Lea	ad			
		Name of Person				
Processing Department						
		Firm/Company				
	1450 Vassar St					
		Address	 			
		Reno, NV 89502				
		City/State and Zip Code				
	F-mail address: ()	to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please co					
To Marie Monacon	Automore and automore there are	•••				
Process	ing Department	at (800) 638-2320				
Name o	f Person		Telephone Number			
Enclosed is a check for the	he following amount:					
☑ \$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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 27 PH 5: 35

	BREEZE, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	···
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/08/22	and assigned
Florida document number L22000261506		
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 I	Liability Company," the designation "LLC" or th	e 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 registere registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Neisha Lee-Williams	.3486 Nw 13Th Street	Add
		Lauderhill	Remove
		FL, 33311	⊡ Change
		□ Remove	
			Change
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Filing Fee: \$25.00