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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

2022 OCT | 7 PM 4: 5

COVER LETTER

TO: Registration Se Division of Cor				
EAZY GRE	EASE LLC			
SUBJECT:	Name of Lim	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:		
	KAMALOV, RUSSELL S			
		Name of Person		
		Firm/Company		2
	455 NE 24TH ST SUITE 2	211		2022 OCT 17 PM 4: 51 SECRETARY OF STA
		Address		
	MIAMI, FL 33137	City/State and Zip Code		17 PH
	RUSSELLKAMALOV@G	•	Gartion)	E. 71.
For further information c	oncerning this matter, please co		ncationy	, 1
RUSSELL KAMALOV		908 4615395 _ at ()		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
☒ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S		Street Address: Registration Sec	etion	
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rs on our records.)
/30/2022 and assigned
ere:
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designation "LLC" or the abbreviation "L.L.C."
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ecords, enter the name of the new registe
ctorus, enter the name of the new registe
rida street address

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.

City

, Florida

Zip Code

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	KAMALOV, RUSSELL S	455 NE 24TH ST	≣ Add
		211	□Remove
		MIAMI, FL 33137	Change
MGR	KAMALOV. ARTEM	455 NE 24TH ST	≣ Add
		211	□Remove
		455 NE 24TH ST	□Change
			Add FALL VH & SSEE
			Change?
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effective date is lister. If the date ins	ited, the date m	nust be specific a	and cannot be	prior to date	of filing or mo	re than 90 day	s after filing.) Pursuar will not	it to 605.0 be listed
cument's effective	date on the	Department o	f State's rec	ords.	icatory minig	requiremen			
cord specifies a d s filed.	elayed effect	ive date, but r	iot an effect	ive time, at	12:01 a.m. oi	the earlier	of: (b) The	e 90th d	lay after t
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