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COVER LETTER

TO: Registration Sc Division of Cor			?	
EazyATM	s 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:		
	Vincent Quintero			
		Name of Person		_
	CashFlow Network LLC			
		Firm/Company		
	1866 Jim Redman Pkwy#	1020		
		Address		-
	Plant City, FL 33563			
		City/State and Zip Code	·· · · · · · · · · · · · · · · · · · ·	_
	vincent@cashflownetwork.			
For further information c	n-mail address: (oncerning this matter, please o	to be used for future annual report no all:	lification)	
Vincent Quintero		813 764-1774		
Name o	r Person	at () Area Code Daytii	me Telephone Numbe	r
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certifie	ate of Status &
Mailing Address		Street Address:		
Registration 9 Division of C		Registration S Division of Co		
P.O. Box 632	-	The Centre of	•	
Tallahassee, l	FL 32314		oe Street, Suite !	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eazy ATMs LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 02/21/2023 and assigned
lorida document number L23000092839	
his amendment is submitted to amend the following:	
x. If amending name, enter the new name of the limited liability co	mpany here:
CashFlow Network, LLC	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	2023
Mailing address MAY BE A POST OFFICE BOX)	00 "."
	•
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
gent and/or the new registered office address here:	
	បា
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			_\\Change
			□Add
			□Remove
			□ Change

			□Remove
			☐ Change
		··	
			□Remove
			Change

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f an ef <u>Note:</u>	(optional) fective date, if other than the date of filing:
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	Octuber 10 2023
السيدا	
Dated	
Dated	Signature of a member or authorized representative of a member