L23000180022

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COVER LETTER

TO: Registration Division of	a Section Corporations		
SUBJECT: EZ TAK	E SERVICES LLC		
SUBJECT: -	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	initted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	TAYLOR NEWMAN		
		Name of Person	
	NORTHWEST REGISTER	ED AGENT	
		Firm/Company	
	7901 4TH ST N STE300		
		Address	
	ST PETERSBURG, FL 337	702	
	201240@2mm.l.nom	City/State and Zip Code	
	pat24g@gmail.com E-mail address: (to be used for future annual report not	(fication)
For further information	on concerning this matter, please c	all:	
PATRICK GUILLAUN	ΛE	941 3015833	
Nai	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check f	for the following amount:		
□ \$25.00 Filing Fe	e 2 \$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 o P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ TAKE SERVICES LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recor red Liability Company)	<u>rus.</u>)		
ne Articles of Organization for this Limited Liability Company were filed on 04/11/23			_ and assigned	
Florida document number L23000180022				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	.C" or the abbrev	riation "L.L.C,"	
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>	· ·	-<	
			30	
Inter new mailing address, if applicable:		100	72:	
Mailing address MAY BE A POST OFFICE BOX)		5· 3·	03	
Maining dudress MAT DE ATOST OFFICE DO.L			ļ	
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ce address on our records, <u>ente</u>	er the name o	f the new regi	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	ess		
	ı	Torida		
	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 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
MNG	PATRICK GUILLAUME	1017 57TH AVE DR E	iZlAdd
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reffective date is listed, te: If the date inserte	the date must be spec d in this block doe	ific and cannot be s not meet the a	prior to date of filin oplicable statutor:	ig or more than 90 d y filing requireme	lays after filing ents, this date	.) Pursuant to 605 will not be liste	0.0207 ed as
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cord specifies a delay s filed.	ed effective date.	om not an effect	ve time, at 12.01	ann, on the carre	r (i). (b) 11	te 90th day afte	i tiic
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