



(Re	equestor's Name)	
(Ác	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Registration Section

Divisio	on of Corp	porations		
	RZLOG L	LC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	rticles of z	Amendment and fee(s) are sub-	nitted for filing.	
Please return al	l correspoi	ndence concerning this matter	to the following:	
		EZIO FERREIRA		
			Name of Person	
		EZYBI LLC		
			Firm/Company	
		5350 NW 84TH AVE UNI	T 1 0 01	
			Address	
		DORAL FL 33166		
		EZIO.FERREIRA@GMAII	City/State and Zip Code	
			to be used for future annual report no	tification)
For further info	rmation co	oncerning this matter, please ca	all:	
EZIO FERREI	RA		321 460-2772	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres stration S		Street Address: Registration S	ection
Divis	sion of C	'orporations	Division of Co	
	Box 632 bassee, 1	:7 FL 32314	The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRZLOG LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L23000375191	pany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
EZYBI LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETALY OF MALLAHASSE	F _ F
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	਼ਾਨ ਜੁੜ੍ਹ ds, <u>enter the namह</u> .of	the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City		Lip 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 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
			Remove
			□Change
			□Remove
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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an effectiv	ve date is listed, the date inserte	r than the da the date must be ed in this block to on the Depa	specific and does not n	cannot be prio	r to date of ti	ling or more ory filing re	than 90 days a	ptional) fter filing.) Pu this date wil	rsuant to 605.020 Il not be listed a
		yed effective d	ate, but not	an effective t	ime, at 12:0)1 a.m. on t	he earlier of	: (b) The 9	0th day after the
d is filed.	JGUST 27			2024					

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Filing Fee: \$25.00