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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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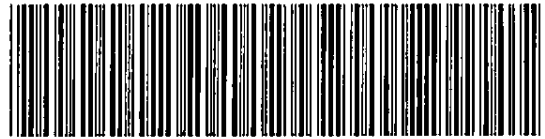
(Business Entity Name)

(Document Number)

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2024 JUL 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ezelle Daily LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimani Ennis
Name of Person

Ezelle Daily LLC
Firm/Company

5050 Jeffery Ave
Address

West Palm Beach Florida 33407
City/State and Zip Code

EzelleDaily@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimani Ennis at (561) 267-2885
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ezelle Daily LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 26th 2024 and assigned Florida document number 1240000 71740.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5050 Jeffery Ave
West Palm Beach FL
33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5050 Jeffery Ave
West Palm Beach FL
33407

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Leslie Swearing

New Registered Office Address:

5050 Jeffery Ave

Enter Florida street address

West Palm Beach, Florida 33407

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. ~~Of 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.~~

L Swearing

If Changing Registered Agent, Signature of New Registered Agent

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2024 JUN 24 AM 10:47
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>	<u>Type of Action</u>
AMBR	Leslie Swearing	5050 Jeffery ave West Palm Beach	<input checked="" type="checkbox"/> Add
		Florida 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2024 JUL 24 AM 10:07
SEAL OF THE STATE
TALLAHASSEE, FL

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26th. 2024

Chris

Signature of a member or authorized representative of a member

Kimani Ennis

Typed or printed name of signee

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TALLAHASSEE, FL

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 11