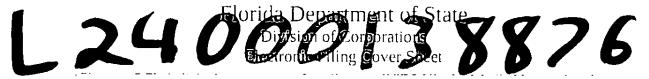
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor	rporations	· • • • • • • • • • • • • • • • • • • •	- 4"
	Fax Number	: (850)617-6383		, " (50
From:			- •	Ć 3
	Account Name	: REGISTERED AGENTS INC.		:
	Account Number	: 120090000081	:.	55
	Phone	: (307)200-2803	<u>"-1</u>	22 22
	Fax Number	: (813)436-5206		တ်

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***Effect the email address for this business entity to be used for future of the following states of the second o

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4219 SHERIDAN AVE LLC

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Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4219 Sheridan Ave LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on 03/21/24	and assigned
Florida document number L24000138876		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
EZ BH Investments I LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		- 2
Mailing address MAY BE A POST OFFICE BOX)		
		ुंः ज
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the flew register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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 statues 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.

3/28/2024 12:50:57 PDT To 18506176383 Page: 3/4 Fax: 8134365206

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>	Name	Address	Type of Action
			CAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			FlAdd
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			Remove
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	<u>.</u>					
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C. Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	te must be specific an his block does not	id cannot be prior (meet the applica	to date of filing or m		filling.) Pursuant to 605.02	
the record specifies a delayed er ecord is filed.	fective date, but no	it an effective tu	me, at 12:01 a.m. c	on the earlier of: (b) The 90th day after the	he
Dated March 28		2024	,			
Dated March 28	i pacy					
	Signature of a	member or autho	rized representative	of a member		

Typed or printed name of signee