## L24 000 248 226

(Requestor's Name)				
(Address)				
lbbA)	ress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
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(Doce	ument Number)			
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

Division of Co		-			
Ezz Enterp	nises LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for tiling			
	ondence concerning this matter	•			
r reduze resum an erriteap	mache exacerning this mater	To the total wang.			
	Ezzard C. Sapp Jr				
		Name of Person			
	Ezz Enterprises LLC				
	<del>-</del>	Firm Company	<del></del>		
	1642 Grove Park Drive				
	<del></del>	Address			
	Orange Park Florida 3207	3			
·		City State and Zip Gode			
	ezzard79(a yahoo.com				
		to be used for future annual report not	ification)		
For further information c	concerning this matter, please c	all;			
Ezzard C. Sapp Jr.		71 <b>6</b> 353-1565			
Name c	of Person	at () Area Code Daytin	ne Telephone Number		
Finalosed is a check for the	ha vittanina amana				
	-				
■ \$25.00 Filing Fee	US30,00 Filing Fee & Certificate of Status	11 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	C S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration Section			Registration Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZZ Enterprises LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany ay it now appears on our records. ted Liability Company)	)
The Articles of Organization for this Limited Liability Compa	any were filed on May 30, 2024	and assigned
Florida document number 1.24000248226		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
he new name must be distinguishable and contain the words "I imited I	iability Company," the designation "14 C",	or the abbreviation "LA.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		24
		- (-
Inter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)		70 -
The state of the s		
		7 N
<ol> <li>If amending the registered agent and/or registered officeent and/or the new registered office address here:</li> </ol>	ce address on our records, <u>enter th</u>	ြို့ သြ ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	Cuv	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
MGR	Ezzard C. Sapp Jr.	1642 Grove Park Drive	
<del></del>		Orange Park Florida 32073	
			□Add
			ElRemove
		[ ] Change	
		[ ]Remove	
		T.Change	
		TRemove	
		Ti Change	
			CAdd

[ ]Remove

Typed or printed name of signee