L24000432223

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TO:

Registration Section

Division of Co	orporations		
#	EZ RENTALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SHAUN ENRIQUEZ		
		Name of Person	
	ENRIQUEZ RENTALS L	LC	
		Firm/Company	
	1631 GARDEN GROVE G	CT	
		Address	
	JACKSONVILLE, FL 322	211	
		City/State and Zip Code	
	ENRIQUEZSHAUN94@G E-mail address: (MAIL.COM to be used for future annual report notifies	ation)
For further information	concerning this matter, please c	all:	
SHAUN ENRIQUEZ		321 698-8051	
Name	of Person	at ()	elephone 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 Corporate Centre of Tallahassee, FL 3	orations Inhassee Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.24000432223 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ___ 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 familia 🚉 ith and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or Lihis document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limitive

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
AMBR	SHAUN PAUL ENRIQUEZ	1631 GARDEN GROVE CT	≣ Add
		JACKSONVILLE, FL 32211	□Remove
			□Change
AMBR	Alexandra Jean House Kossoff	1631 GARDEN GROVE CT	□Add
		JACKSONVILLE, FL 32211	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
	-		□Change
			□Add
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			And The Andrews Change

ire both 'Authorized Members.'			
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1.2			
ve date, if other than the date of filing:ective date is listed, the date must be specific and cannot be pri	or to date of filing or more than	(optional)	ant to 605
If the date inserted in this block does not meet the appl	icable statutory filing requir		
ent's effective date on the Department of State's record	S.		
d specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the e	arlier of: (b) The 90th	da v≄ nfter
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10/14/2024)CT
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Typed or printed name of signee