

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden hours per							
response	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)																
Name and Address of Reporting Person * Weiss Allen R				Issuer Name and Ticker or Trading Symbol EzFill Holdings Inc [EZFL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O EZFILL HOLDINGS INC., 2125 BISCAYNE BLVD, #309				3. Date of Earliest Transaction (Month/Day/Year) 11/05/2021						Officer (give title below)		Other (specify bel	ow)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year) 11/09/2021						6. Individual or Joint/Group Filing/Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person							
MIAMI, FL 33137 (City) (State) (Zip)											uired, Disposed of, or Beneficially Owned					
1.Title of Security 2. Trans		2. Transactio	ey/Year) Execution Date, if any		if (Instr. 8)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	Beneficial	
				(Mo	nth/Day/Ye	ar) Cod	e	v	Amount	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock			11/05/202	1		A			42,662 (1)	A	\$ 0	55,948			D	
Reminder: Report on a separa	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.															
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.																
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ice of Date Ex (Month/Day/Year) and	3A. Deemed Execution Date, if any (Month/Day/Year)	Disposed of (D)		uired (A) or Expiration Date (Month/Day/Year)		Securi	e and Amount of Underlying ties 3 and 4)	Derivative Security (Instr. 5) Derivativativativativativativativativativat	9. Number of Derivative Securities Beneficially	Ownership of Ind Form of Benefi Derivative Owner	Beneficial Ownership			
				Code	v	(A)	(D)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Direct Reported or Indi Transaction(s) (I)	Direct (D) or Indirect	ect (D) ndirect

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Weiss Allen R C/O EZFILL HOLDINGS INC. 2125 BISCAYNE BLVD, #309 MIAMI, FL 33137	X					

Signatures

/s/ Allen R. Weiss	11/16/2021
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- On 11/05/2021, Mr. Weiss was awarded \$125,000 worth of restricted common stock pursuant to the EzFill 2020 Incentive Compensation Plan, with the common stock valued at the closing price on 11/04/2021 (\$2.93 per share). These restricted shares of common stock will vest at the Company's next annual shareholders' meeting only if Mr. Weiss remains a member of the Company's board of directors until such meeting.

Remarks:

This amendment is being filed to revise Item 4 of Table 1 to note that the price should be \$0 as the shares were granted in connection with the Reporting Person's service as a member of the Company's board of directors.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.