FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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INITIAL STATEMENT OF 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

Arbour Daniel Paneld		tate of Event Retement (Month/l	_ ' " .	3. Issuer Name and Ticker or Trading Symbol EZFIL Holdings Inc [EZFL]							
(Last)	(First)	(Middle)	-		Relationship of Reporting Person(s) to Is (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
	C/O EZFILL HOLDINGS, INC., 2999 NE 191ST STREET				X	Director Officer (give title below)	10% Owner Other (speci below)	fy Apr	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting		
(Street) AVENTURA	FL	33180							Person	y More than One Reporting	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
''''					lly Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year)		ate	nd 3. Title and Amount of Securities U Derivative Security (Instr. 4)		Underlying	4. Conversion or Exercise	e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

Filed to indicate Mr. Arbour's appointment as a director of EzFill Holdings, Inc. effective as of February 10, 2023.

No securities are beneficially owned.

/s/ Daniel Arbour

02/21/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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 Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).