

**L11000005673**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

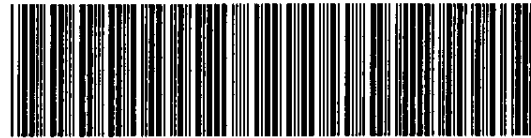
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

NOV 23 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

ePay For Creditors, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Fanelli

Name of Person

eNet Connect, LLC

Firm/Company

1050 E. Sahara Ave. #401

Address

Las Vegas, NV 89104

City/State and Zip Code

Chris@enetnv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Fanelli

Name of Person

at ( 702 ) 308-7711

Area Code & Daytime Telephone 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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 NOV 22 AM 10:40

ePay For Creditors, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2011 and assigned  
Florida document number L11000005673.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

My Easy Life, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

7950 NW 53<sup>rd</sup> St.

# 215

Miami, FL 33166

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:

Jonathan Aserraf

New Registered Office Address:

7950 NW 53<sup>rd</sup> St.

Enter Florida street address

Miami

City

Florida

33166

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 608, 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.

Jonathan Aserraf  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Jeff Campbell	801 N. Point Parkway # 200 West Palm Beach, FL 33407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chris Fanelli	7950 NW 53 <sup>rd</sup> St. # 215 Miami, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 16<sup>th</sup>, 2011

Signature of a member or authorized representative of a member

Jeff Campbell  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA