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(Requestor's Name)	
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(City/State/Zip/Phone #)	
CICK UP CI WAIT	—
PICK-UP WAIT	MAIL MAIL
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Office Use Only

COVER LETTER

Division of C				
SUBJECT:	My EASY	Life, LLC		
•	O Name of Lim	ited Liability Company	•	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		nris Famelli		
		Name of Person		
		ENet Connect, LU Firm/Company	<u> </u>	
	1050 8	E. Sahara Ave. Su Address	the #401	
	Las	Vegas, NV 89104 City/Stall and Zip Code	2011 DEC -C SECRETAR TALLAHASS	پېوند
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	-	AM STA	
Chris Name	of Person	at (702) 308-77] Area Code & Daytime T		
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 enclose	d)

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

My Easy L	ife, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on Ol 13	2011 and assigned
Florida document number <u>L\\00005 5673</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
My Better Saving	s. LLC	
The new name must be distinguishable and end with the words "Di "L.L.C."	mited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
	·	
		ARY SSE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered e registered agent and/or the new registered office address be		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida st	treet address
		orida
	City	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.

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:

<u>tle</u>	Name	Address	Type of Action
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
 -		AHASSA EN C	
If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary,	
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ed	Vovember 29th , 2	LOU .	
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Page 2 of 2

Filing Fee: \$25.00