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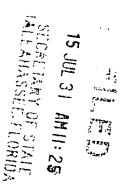
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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AUG 03 2015 J SHIVERS

COVER LETTER

Division of Cor EASY HO	•	·	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REGINA MEDEIROS		
		Name of Person	
	CSG - CAPITAL SERVIC	ES GROUP INC	
		Firm/Company	
	446 W HILLSBORO BLV	D	
		Address	
	DEERFIELD BEACH, FL	33441	
		City/State and Zip Code	<u>.</u>
	REGINA@THEWAYGRO		
	E-mail address: (t	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
REGINA MEDEIROS		954 427-4770 at (
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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

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

SOLDATOPO MASTER FRANCHISE	LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number $\frac{L14000192077}{L14000192077}$	ity Company were filed on 12/17/2014 and assigned
florida document number	·
This amendment is submitted to amend the following	ıg:
A. If amending name, enter the new name of the	limited liability company here:
EASY HOUSE LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
<u>Principal office address MUST BE A STREET Al</u>	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the
registered agent and/or the new registered office	
egistered agent and of the new registered office	<u> </u>
Name of New Registered Agent:	9 36 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	85 7
<u> </u>	Florida Zin Code
	City 7in 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 605, 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 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
			Add
			☐ Remove
			☐ Change
			Add
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			Change

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Page 3 of 3

Filing Fee: \$25.00