116000216495

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Con			
Easy Lease SUBJECT:	, LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Shoura, Ayman		
		Name of Person	
		Firm/Company	
•	14272 Cheval Danforth Ct.	APT#101	
		Address	
	Orlando, Fl 32828		
		City/State and Zip Code	
	ayman_shoura@yahoo.com		
For further information of	encerning this matter, please call	be used for future annual report notif	ication)
Ayman Shoura	energing and mane, produce our		
	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Easy Lease, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our recorde Liability Company)	<u>s.)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000216495</u>	were filed on 11/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1802 North Alafaya Trail	→ Na
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32826	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	3
		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 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>	<u>Address</u>	Type of Action
MGR	Ayman Shoura	14272 Cheval Danforth Ct. 101	□ Add
		Orlando, Fl 32828	□ Remove
			Change
AMBR	Media Style, LLC	2490 Lee Blvd. Suite 324	
		Cleveland Heights, OH 44118	Remove
			Change
			Add Till Repare
			Remove T
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

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If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	(optional)
ord specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the earli
90th day after the record is filed.	
01/04/17	
Signature of a member or authorized representative of a member Ay man SHOVE	

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Filing Fee: \$25.00