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COVER LETTER .

TO: Registration Secti Division of Corpo			
SUBJECT: Une E	ASY Enturprise LI	LC ited Liability Company	·
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Thomas	J. Buna Name of Person	
	Une Eq	sy Enterprise LLC Firm/Company	<u></u>
	18931 Gumbo 1	Limbu Court	
		Address	
	Jupqu.	Address FC 33458-3 City/State and Zip Code Prist (G, mail). (O to be used for future annual re	733
		City/State and Zip Code	
	unce asy enter	prise (ogman). co	
For further information con-	cerning this matter, please co		sort notification)
Thanks J. B	Un a	at (<u>ちい</u>)	758-6437
Name of Po	erson	Area Code	Daytime Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Doe Easy Ente	xovise LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L17000</u> 36 <u>755</u>	Company were filed on Ftb 15, 2007	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		70		
(Principal office address MUST BE A STREET ADD	DRESS)	10 C C C C C C C C C C C C C C C C C C C		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>ente</u> dress here:	er the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida, Florida	Zip Code		
	Car	ząccow		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Joanne Roskoski Buna	18931 Gumbo Limbo Court	Anda
		18931 Gumbo Limbo Court Jupiter, Fl 33458-	□ Remove
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If an effective <u>Note:</u> If the	adate is listed, the da e date inserted in t	n the date of filing te must be specific and his block does not n the Department of S	l cannot be prior t seet the applica	o date of tiling or me	(option or than 90 days after requirements, this	filing.) Pursuant to	605.0207 (3)(listed as the
ne record The 90t	specifies a de h day after the	ayed effective de record is filed.	late, but not	an effective ti	me, at 12:01 a	.m. on the ea	ırlier of:
Dated	Decem!	lew doth.	2019				
		bannis	Roskosł	i Boxa			
				ized representative			_

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Typed or printed name of signee

Filing Fee: \$25.00