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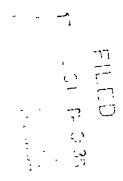
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COVER LETTER

	tration Sec on of Corp				
SUBJECT: _		Ezzy Sol	ution Associates	LLC	
sobsect		Name of Limi	ted Liability Company		
The enclosed A	articles of a	Amendment and fee(s) are subr	mitted for filing.		
Please return al	II correspoi	ndence concerning this matter t	to the following:		
		Rose	Meire Gauthier	· · · · · · · · · · · · · · · · · · ·	
			Name of Person		
		Casy	Solution Associ	iztes	
			Firm/Company		
		<u> </u>	Hancock Rd.		
		South U	Jest Ranch, FL	33330	
			City/State and Zip Code		
		E-mail address: (1	City/State and Zip Code Hurer 130 amer o be used for future annual report not	lication)	
		oncerning this matter, please ca			
R	Sewe	ive Gauthier	at (<u>561</u>) 405 (Area Code Daytin	0585	
•••	Name of	Person	Area Code Daytin	e Telephone Number	
Endoudie a c	heck for th	e following amount:			-:
\$25.00 Fili		□ \$30.00 Filing Fee &	T \$55 OR William Roo &	□ \$60.00 Filing	Ein T
\$45.00 FIII	ng ree	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate o	f Status & 🕠 💮
			(additional copy is enclosed)	Certified Co (additional cop	
	MAILI	ING ADDRESS:	STREET/COUR	IER ADDRESS:	3.4
		ation Section	Registration Section		
	P.O. Bo	n of Corporations ox 6327	Division of Corpo Clifton Building	rations	
		ssee, FL 32314	2661 Executive Co	enter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Casy Solution As	societes LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 41700120508.	were filed on Jone Lat, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
he new name must be distinguishable and contain the words "Limited Liability	y 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)	
B. If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pa accept the obligations of my position as registered agent as pr	

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 **Address** Type of Action **Title** <u>Name</u> John Renkel 4525 Dean Martin Dr. 0 Add AMBR Ste 1100 Las Vegas, NV89103 D'Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

					
					
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				31	
effective date is listed, :: If the date inserte	r than the date of filing the date must be specific as and in this block does not the on the Department of	nd cannot be prior to da meet the applicable	ate of filing or more that statutory filing requ	(optional) in 90 days after filing irements, this date	.) Pursuant to 605.020
ecord specifies a e 90th day afte	a delayed effective It the record is filed	date, but not ar i.	n effective time,	at 12:01 a.m.	on the earlier o
07/26	117				
	[// LN	V	$\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}\mathcal{L}$	1	~
	Signature of a	a member or authorized	d representative of a m	ember	-
	Signature of a		GAUTHI	E R	<u>-</u> -

Page 3 of 3

Filing Fee: \$25.00