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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CCT:E_A.S	Name of Limit	ted Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	ence concerning this matter t	o the following:	
		CONNIE	MAE WONG USBO Name of Person	:A
		EAS	Y US LLC Firm/Company	
		<u>5626</u> THOME	AS SQUARE DEVIE	
		WINTER GARDEN	STFL 3471	87
		C MAE Wo E-mail address: (to	NG & GHAIL. CC-f	fication)
For fur	ther information con	cerning this matter, please cal	D:	
<u>(.c.</u>	Name of P	on6 USBOK erson	at (<u>324</u>) <u>52</u> 7・ Area Code Daytim	9309 Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 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:

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TO:

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

(Numa of the Limited I	ASY US LUC 9019 JUH - 5 D 2 10
(A)	ASY US, CCC 9849 1614-5 D 2: 19 Clability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 06 03 36/4 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the never address here:
Name of New Registered Agent:	
New Registered Office Address:	
<u>-</u>	Enter Florida street address
_	Florida
	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
AMBR	DE PAULA CRUZ, HERLICH	RUB NC1 QD4 LT MY	
		601 ANIA, GOIAS 74663440 BR	Remove
			Change
AMBR	LISBOA, THIAGO M M	5626 THOMAS SQUARE DRIVE	XAdd
		WINTER GARDEN FL 34767	□ Remove
			Change
	·		D Add
			□ Remove
			Change
		-	D Add
			□ Remove
			Change
			□ Add
			_□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

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(If an ef Note:	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE , 3 rd 2019.
	Signature of a member or authorized representative of a member
	CONNIE MAE WONG USBOA Typed or printed name of signce

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Filing Fee: \$25.00