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Office Use Only



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COVER LETTER

Division of	Corporations
EASE I	LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	ERICK A. SMITH
	Name of Person
	EASE LLC
	Firm/Company
	1575 PAUL RUSSELL RD. UNIT 901
	Address
	TALLAHASSEE, FL. 32301
	City/State and Zip Code
	EASELLC@GMX.COM
	E-mail address; (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
ERICK SMITH	850 766-1777
Nan	at () ne of Person
Enclosed is a check fo	or the following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed: □ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed:

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

EASE LLC		
(<u>Name of the Limited Liabit</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 10/18/2017	and assigned
Florida document number L17000215500	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		17 SEC.
(Principal office address MUST BE A STREET ADDI	RESS)	
-		70 HA
		= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		30
	-	0.7
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered office add	ress nerg:	
Name of New Registered Agent:		
Name of New Neglacied Agent.		
New Registered Office Address:	Earl Paris and American	
	Enter Florida street address	
	, Florida	-1- /3 I
	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	ABIGAIL SMITH	1575 PAUL RUSSELL RD.	= Add
		UNIT 901 TALLAHASSEE, FL.	🗆 Remove
		32301	-
			
			Remove
			☐ Change
			
			Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			□ Change
			Add
			Remove
			□ Change

		
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tIf an e <u>Note</u>	tive date, if other than the date of filing: 12/15/2017 (optional)	605.0207 (3)(listed as the
(f the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.	arlier of:
Dated	1 12/15	
	Signature of a member of authorized representative of a member	_
	ERICK A. SMITH	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00