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| Certified Copies | Certificates o | of Status |
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| Special Instructions to | Filing Officer: | |
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| Division of Cor | | | |
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| EASY FIC SUBJECT: | ORIDA, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ERAN HAMOU | | |
| | | Name of Person | |
| | EASY FLORIDA, LLC | | |
| | | Firm/Company | |
| | 250 NE 25TH STREET | T - APT 2506 | |
| | | Address | |
| | MIAMI , FL 33137 | | |
| | | City/State and Zip Code | |
| | ERAN. HAMOU (A) | HOT MALL . FR | |
| | | to be used for future annual report notif | eation) |
| | concerning this matter, please c | all; | |
| ERAN HAMON | Set + | at (786) 202 039 | 74 |
| Name o | rt Person | at (<u>786</u>) <u>202036</u> Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| S \$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 |
| \$4.11 | IVC ADDDESS. | CTD C CT/(AAE)D II | ED ANNIDEC. |

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 FLORIDA, LLC | | | | | |
|--|--|---|-------------------------|------------------|--|
| (Name of the Limited | l Liability Compan V Florida Limited Li | y as it now appears on ability Company) | our records.) | | |
| The Articles of Organization for this Limited Lial Florida document numberL180000027 | | vere filed on <u>JAN</u> | uary 3, Le | DIS and ass | igned |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liabil | ity company here: | | | |
| | | | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liabili | y Company," the design | ration "LLC" or the | abbreviation "L. | L.C " |
| Enter new principal offices address, if applicat | ole: | | | | -2 |
| (Principal office address MUST BE A STREET | ADDRESS) | | | | -555 -535 -535 -535 -535 -535 -535 -535 |
| Enter new mailing address, if applicable: | | | | 721 PH | FIARY OF |
| (Mailing address MAY BE A POST OFFICE B | <u>ΟΧ)</u> | | • | بب | AN A |
| | | | | 23 | 0.F |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | *** | | r records, <u>ente</u> | r the name | of the new |
| Name of New Registered Agent: | DORBEN | CORPORATE | SPAVICES, | LLC | |
| New Registered Office Address: | 20295 | NE 29TH Pl Enter Florida's | L. #20 treet address | <u> </u> | |
| | AVENTU | IRA Circ | , Florida _ | 33 180 | |
| | | City | | Zin Chulo | |

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 | ERAN HAMOU | 250 NE 25th STAFFT, #20 | <u>)6</u> □ Add |
| | | MIAMI, FL 33137 | ⊠ Remove |
| | | | Change |
| AMBR | ERAN HAMOU | 250 NE 25TH SMEET, #250 | <u>∕6</u> ⊠ Add |
| | | MIAMI, FL 33137 | Remove |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or me | (optional) ore than 90 days after filing.) Pursuant to 60 | 5.02 |
| te: If the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records. | requirements, this date will not be list | ed : |
| | | |
| record specifies a delayed effective date, but not an effective ti he 90th day after the record is filed. | me, at 12:01 a.m. on the earli | er (|
| Signature of a member or authorized representative | | |
| Vais. | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00