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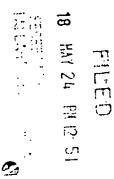
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Office Use Only



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O SIMMONS May 25 2018

COVER LETTER

TO: Registration Sc Division of Cor				
SUBJECT: 2003	SCAN THEIR Name of Limi	atisfal (LC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	REGINA MEDEIROS			
		Name of Person		
	CSG - CAPITAL SERVIC	ES GROUP INC		
		Firm/Company		
	446 W HILLSBORO BLV	D		
		Address		
	DEERFIELD BEACH, FL	33441		
	-	City/State and Zip Code		
	CSG@THEWAYGROUP.E	BIZ To be used for future annual re	Post natification)	
The factor information of	oncerning this matter, please ea		port nouncation?	
	oncerning this matter, prease ea		4770	
REGINA MEDEIROS	 	at ()	-1 770	
Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle		1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/	COURIER AD	DRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRASCAN INTERNATIONAL LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mated Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 01/24/2018	and assigned
Florida document number 1.18000022336		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
EZ FACTORING LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>ss)</u>	
•		<u> </u>
		一般 美型
Enter new mailing address, if applicable:		7
,,		
(Mailing address MAY BE A POST OFFICE BOX)		390
		<u>, v</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the ne
registered agent and/or the new registered office address	33 HCC.	**
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Cur	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effec	ctive date, if other	than the date of	filing:	day of Glice	(C	optional) after filing.) Pursuant to 605.020
Note	If the date inserte	d in this block does	s not meet the ap	plicable statutory	filing requirements.	this date will not be listed as
docu	iment's effective da	te on the Departme	nt of State's reco	ords.		
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Date	d MAY STH		_#. 2018			
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Typed or printed name of signee