## 11800066217

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TALLAHASSIE, FLORID

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## **COVER LETTER**

TO: Registration Se Division of Cor			
EASY BUY	'S LLC		
300,001.	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub- ndence concerning this matter		
	PRISCILLA GONZALEZ		
	<del></del>	Name of Person	
	FIERCE CONSULTING		
		Firm/Company	Daytime Telephone Number    \$60,00 Filing Fee.   Certificate of Status &
	4638 SANTA BARBARA	BLVD #2	
		Address	
	CAPE CORAL, FL 33914	4	
	FIERCECONSULTINGMI	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	ıll:	
PRISCILLA GONZALE	z	305 853-6475	
Name o	f Person		e Telephone 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 enclosed)	Certificate of Status & Certified Copy

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 BUYS LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.)		
	<b>⊼</b> ∑	<del>.</del> ₩	
The Articles of Organization for this Limited Liability Company	were filed on 63/14/2010 and assi	igned	-
Florida document number L18000066217	<u> </u>		1 1 
This amendment is submitted to amend the following:	SSEC. TO	31 AH	
A. If amending name, enter the new name of the limited liab	oility company here:	AH 10: 38	
	ollity company here:	ည္က	
The new name must be distinguishable and contain the words "Limited Liabi			_
Enter new principal offices address, if applicable:	4036 N 30TH AVE		
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33021		
Trincipul office address most be A STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
			—
Paramana and Paramana if an alicable.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		of the	new
registered agent and/or the new registered office address ner	<u>z</u> .		
N. C. S. S. L. L.			
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address		
	, Florida		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remo	oved from our records:	rger	
MGR =	- Manager		
AMBR	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
<del></del>	<del></del>		🖸 Add
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lote: If the date inse	ner than the date of filing:  ed, the date must be specific and cannot be reed in this block does not meet the a date on the Department of State's rec	pplicable statutory filing requi	(optional) .90 days after filing.) Pursuant to 605, rements, this date will not be liste	.0207 ed as t
	s a delayed effective date, bu ter the record is filed.	t not an effective time,	at 12:01 a.m. on the earlie	er of
ated	2018	Q		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00