

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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☐ PICK-U	P wait	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
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	Q. SILAS	
	FEB 1 1 2027	
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COVER LETTER

	Registration So Division of Cor		
elib tez"	EASY R O	GROUP LLC	
SUBJEC	Γ:	Name of Lin	nited Liability Company
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.
		ondence concerning this matter	
		PAUL J ESTABA	
			Name of Person
			Firm/Company
		4150 EASTGATE DR #-	1301
		<u>-</u> -	Address
		ORLANDO, FL 32839	
Ear further	r information o	E-mail address: (oncerning this matter, please c	·
	L J ESTABA	oncerning this matter, please e	321 310-1034
		f Person	at () Area Code Daytime Telephone Number
			·
Enclosed i	s a check for th	ne following amount:	
≥ \$25,00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
R	lailing Addres egistration S	Section	Street Address: Registration Section
	oivision of C .O. Box 632		Division of Corporations The Centre of Tallahassee
	allahassee, I		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASY R GROUP LLC

2022 JAH 24 PM 3: 27

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SELECTIVE STATE TOTAL
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L18000083740
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
EASY RENTALS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
agent and of the new registered office address here.
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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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fective date, if other to n effective date is listed, thote: If the date inserted cument's effective date	in this block does no	of meet the appl	icable statutory h	r more than 90 days ling requirements	s after filing.) Pursuar s, this date will not	n to 605.0207 (be listed as t
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tedNovember 11		2021	·			
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		1 666.6	1 12461673			
	Signature of	f a member or aut	horized representat	ive of a member		