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SECRETARY OF STALE

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TO:	Registration So Division of Cor		•	y			
/\ ! • • • • • • • • • • • • • • • • • • •		Z BROKERS LLC					
SOBJI	ECT:	Name of Lim	ited Liability Company				
The en	elosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		JOSE MCMAHON					
			Name of Person				
		MIAMI EZ BROKERS					
			Firm/Company				
		8895 SW 147TH AVE AP	T 1206				
		Address					
		MIAMI FL 33196					
			City/State and Zip Code				
		JOSEMCMAHON@ME.C	OM to be used for future annual report notif				
For fur	rther information c	en-man address: ((canott)			
JOSE	MCMAHON		305 998-8704 at () _				
	Name c	of Person	at () Area Code Daytime	Telephone Number			
Enclos	sed is a check for t	he following amount:					
■ \$2	5.00 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)			

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

MIAMI EZ BROKERS LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability (Company were filed on 05/16/2018	and ass	igned
Florida document number L18000122895	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or th	e abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principa <u>l office address MUST BE A STREET ADD</u>	RESS)	<u> </u>	SI.
		NO.	25%
		21	जिल्ला सुरुग
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	MAY BE A POST OFFICE BOX)		## # <u>\$</u>
		9	ا مُقِ
B. If amending the registered agent and/or registered agent and/or the new registered office ado Name of New Registered Agent: New Registered Office Address:		er the name	of the n
	, Florida		
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Fnanging Resistered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	DAX DE PREMONVILLE	8895 SW 147TH AVE APT 1206	⊒ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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ective date, if other the reflective date is listed, the date inserted in turnent's effective date or	this block does n	ot meet the applic	rable statutory f	(or more than 90 days Ting requirements	after filing.) Pursua	nt to 605.02 t be listed
record specifies a de The 90th day after th			ot an effectiv	e time, at 12:0	01 a.m. on the	earlier:
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Filing Fee: \$25.00