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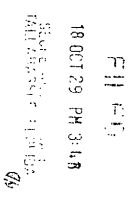
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T SCHROFOER

COVER LETTER ·

TO: Registration Section Division of Corporations
SURJECT: Made Easy Coofing and Consulting, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ternando J. Marticorena Name of Person Made Easy Looting and Consulting, LCC Firm Company
19408 nw 82nd ct.
Higheah, FL 33015 City/State and Zip Code Madelasy voo Fina Egmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tavier Mart 1 (overa at 186) 350-8124 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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

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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

Made Easy Confin (Name of the Limited Liability Compa- (A Florida Limited)	ory as it now apper		LC
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000204477</u>	were filed on _	10/24/2018	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:		- ·· - · · · · · · · · · · · · · · · · ·	ထ
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		(5)	
Enter new mailing address, if applicable:			PH Ω
(Mailing address MAY BE A POST OFFICE BOX)			
		8	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>enter the</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	lorida street address	
		, 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, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fernando J. Martico	vena 19409nw 82nd cl.	☑ Add
		Hialeah, FL 33015	Remove
			☐ Change
			Add
			□ Remove
			Change
 			
			Aged OC Remove 1
			Change T
		4. 4.	AGRI S
			Remove
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			☐ Remove
			Change
			Add
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Signature of a member or authorized representative of a member	ed			
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