L19 000029833

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Eas	Y HOME T	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elan :	Name of Person	,
	Easy H	Pirm/Company	LC
	501 E Las C	Dlas Bluo #344 Address	
	Fort law S	City/State and Zip Code	<u> </u>
	Evron E E-mail address: (fication)
For further information co	oncerning this matter, please co	all:	
Elan Ev	(o^	at (954) 478.	3466
Name o	l Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	wer. UC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19</u> 60029833	1 1 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Easy Home Byer, LCC The new name must be distinguishable and contain the vorus "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 E las Olas Bluo
(Principal office address MUST BE A STREET ADDRESS)	STE 344
	Foct landor Cule, FC 33301
Enter new mailing address, if applicable:	501 E Las Olas Blue
(Mailing address MAY BE A POST OFFICE BOX)	STE 344
	Fort Law Stelle, FL 33301
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:	
N (N)	(1) (2)
Name of New Registered Agent:	
New Registered Office Address: 501 E	Las Olas Blvo 51E#344 Enter Florida street address
FART Law	Der Sale Florida 33301
)00 20	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 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>	<u>Name</u>	Address	Type of Action
MGIR	RANDY McCARthy	4851 NE 13Th Ave	j ZiĄdd
	1	Uaklan OPK, FL 33334	□Remove
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f an cfl <u>Note:</u>	ive date, if other than the date of filing: 5 1 21 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	The state of the s
e recor ed is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	5/11/21
Dated	

Typed or printed name of signee