## 1190000 17450

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Division of Cor				
EASYINVI SUBJECT:		š		
SUBJECT:		ited Liability Company		
The engloced Articles of	Amendment and fee(s) are sub	mitted for filing		
	indence concerning this matter	-		
r rease return an correspo	ndence concerning has mader	to the following.		
	NICOLAS BERLIOZ			
	<del></del>	Name of Person	<del></del>	
	EASYINVEST LLC			
		Firm/Company		
	20803 BISCAYNE BLVD	SUITE 440		
		Address		
AVENTURA, FL. 33180				
		City/State and Zip Code		
	FABRICE@MCHCONSUI	LTINGUSA.COM to be used for future annual report notific	cation)	
For further information e	oncerning this matter, please ea			
FABRICE HERZSTEIN		786 785-5000		
Name o	f Person	at ()	Felephone Number	
Enclosed is a check for the	ne following amount:			
	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing 4 J J		Co 4.1.2		
Mailing Addres Registration S		Street Address: Registration Sect	ion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

EASYINVEST LLC		
( <u>Name of the Limited I</u> (A f	lability Company as it now appears on our records.) lorida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabi Florida document number L19000077450	lity Company were filed on MARCH 19 2019	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	the abbreviation "LEC."  HAP 30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	70 1.1
B. If amending the registered agent and/or regis agent and/or the new registered office address h		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florid	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, 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
AMBR	Easyinvest Holding USA LLC	20803 Biscayne Blvd.Suite 440, Aventura,FL.33180	<b>=</b> Add
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			[]Change
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	p. 44.	- <del>-</del> 2
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or ite: If the date inserted in this block does not meet the applicable statutory file	more than 90 days after filing.) I	
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	i. on the earlier of: (b) The	90th day after th
ted MARCH 25 2020		
15-	>	
Signature of a member or authorized representation	ve of a member	<del></del>

Filing Fee: \$25.00