119000150116

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COVER LETTER

TO:

Registration Section Division of Corporations

EASYINV SUBJECT:	EST 3 LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NICOLAS BERLIOZ			
		Name of Person		
	EASYINVEST 3 LLC			
		Firm/Company		
	20803 BISCAYNE BLVD	SUITE 440		
		Address		
	AVENTURA, FL, 33180			
		City/State and Zip Code		
	FABRICE@MCHCONSUL			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please co	all:		
FABRICE HERZSTEIN	I	786 785-5000		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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	Street Address: Registration Se		
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee	
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASYINVEST 3 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 6 2019 and assigned Florida document number _____19000150116 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Easyinvest Holding USA LLC	20803 Biscayne Blvd, Suite 440, Aventura, FL, 33180	= Add
			□ Remove
			□Change
			□Add
			Remove
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			□Remove
			Change

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutor becument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	I a.m. on the earlier of: (b) The 90th day after the
ated MARCH 25 2020	7

Filing Fee: \$25.00