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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EASYLANCH LLC

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

EASYLANCH LLC

(Name of the Limited Liability Company as it now appears on our records)
 (A Florida Limited Liability Company)

NOV 12 PM 3:04

The Articles of Organization for this Limited Liability Company were filed on 10/02/2019 and assigned
 Florida document number L19000248312

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 "L.L.C."

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

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

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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>	<u>Type of Action</u>
AMBR	KARMAZIN, YEVHEN	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If attending any other information, enter change(s) here: *Attach additional sheets, if necessary.*

Effective date, if other than the date of filing: _____ (Optional)
 (If an effective date is listed, the date must be specifically stated be prior to date of filing; make it an "effective date" pursuant to 605.010 (1)(b).)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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1949, and of a number of individualized representations of a subject.

DMYTRO AVILKOV

1. Field of personal name of signer