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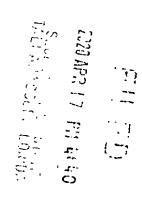
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Y SULKEP APR 2 8 2020

COVER LETTER

TO: Registration S Division of Co			
	EST 4 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	NICOLAS BERLIOZ		
		Name of Person	
	EASYINVEST 4 LLC		
	20803 BISCAYNE BLVE	SUITE 440	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	BERLIOZNICOLAS5@GI		
For further information	e-mail address: i	to be used for future annual report not all:	uncation)
NICOLAS BERLIOZ		954 2252477	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of 0	Corporations	Division of Co	prporations
P.O. Box 63		The Centre of	
Tallahassee,	rl 32314	2413 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASYINVEST 4 LLC		
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)	
ne Articles of Organization for this Limited Liability Company were filed	on 02/27/2020	_ and assigned
orida document number L20000065058		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	any here:	
e new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS		<u> </u>
	_,	
nter new mailing address, if applicable:	ACS:	202
Aailing address MAY BE A POST OFFICE BOX)	≥?	<u>→</u>
		20
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
If amending the registered agent and/or registered office address on	our records, enter the name (of the new regist
ent and/or the new registered office address here:	5.	1: '-'
	<u> </u>	# O
Name of New Registered Agent:		
New Parietand Office Address:		
New Registered Office Address:	ter Florida street address	
	, Florida	
City	, Florida	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 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	□ Add
		AVENTURA FL 33180	□Remove
			■ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			Change
			🗅 Add
			Remove
			□ Change
			□ Add
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the appl	icable statutory filing	(optional re than 90 days after filin requirements, this dat) g.) Pursuant to 605.0207 o e will not be listed as t
ocument's effective date on the Depa	inment of State 3 record	15.		
e record specifies a delayed effective d d is filed.	ate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
Oated	, 2020	 -		
-				
Sig	gnature of a member or aut	thorized representative of	of a member	

,

Filing Fee: \$25.00