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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 Phone : (407)326-8484

Fax Number : (407)604-6519

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

contact@medeirossouza.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **2EASY INSURANCE LLC**

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K. SALY AUG 19 2024 TO:

Registration Section

COVER LETTER

Div	ision of Corpe	orations	
SCRIVATE	2EASY INSU	URANCE LLC	
SOBJECT		Name of Limited Liability Company	
The enclosed	d Articles of A:	mendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		Rubem Souza	
		Name of Person	
		Medeiros Souza corp	
		Firm/Company	
		1711 Amazing Way, Ste 213	
		Address	
		Ococe, FL 34761	
		City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further in	aformation con	ncerning this matter, please call:	
Rubem Souz	ra	407 326 - 8484	
	Name of P	Person Area Code Daytime Telephone Number	
Enclosed is a	check for the	following amount:	
≣ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	atus &
<u> </u>	iling Address;	Street Address:	

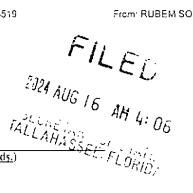
Registration Section Division of Corporations

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



2EASY INSURANCE 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 L	iability Company v	vere filed on <u>05/29/2020</u>	and assigned
Florida document number 1.20000139728	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE	<u>(TADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BON)		_ .
B. If amending the registered agent and/or ragent and/or the new registered office address	• •	Idress on our records,	enter the name of the new registered
Name of New Registered Agent:	MEDEIROS SO	UZA CORP	
Nam Ranistarad Office Address	1711 Amazing V	vay, Ste 213	
Name of New Registered Agent: New Registered Office Address:	<u> </u>	Enter Florida street	
	Ocoee		_, Florida ³⁴⁷⁶¹ Zip Code
		Ciņ	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as pr registered office a	erformance of my duti ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
		(LL	
	1f Chang	ing Registered Agent Signs	sture of New Registered Agent

To ruben so iza . Page 6 of 7 2024-08-16 14/36 59 GMT 14076046519 From RUBEM SOUZA

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>	Name	Address	Type of Action
MGR	YU. ELIZA LO	6735 CONROY ROAD, 413	🗆 Add
		ORLANDO, FL 32835	□Remove
			■ Change
MGR	DOS SANTOS PEREIRA, RENATO	6735 CONROY ROAD, 413	□ Add
		ORLANDO, FL 32835	□Remove
			∃ Change
AMBR	MOSAIC GLOBAL CORP	1711 AMAZING WAY, STE 213	= Add
		OCOEE, FL 34761	□Remove
			Change
AMBR	OMEGA INTERNATIONAL SOLUTIONS CORP	1711 AMAZING WAY, STE 213	■Add
		OCOEE, FL 34761	□Remove
			□ Change
			AUGNOVE DE LA CORTO DEL CORTO DE LA CORTO DEL CORTO DE LA CORTO DEL CORTO DE LA CORTO DE LA CORTO DEL CORTO DE LA CORTO DEL CORTO DEL CORTO DEL CORTO DEL CORTO DE LA CORTO DE LA CORTO DE LA CORTO DEL CORTO
			□ Remove

□Change

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Effective date, If other than t	ha data of filling			l	D.	
If an effective date is listed, the date n	nust be specific and car	nnot be prior to da	te of filing or more th	(option nan 90 days after fil	ice) Pursuant to 605 0	207 (3)
<u>Note:</u> If the date inserted in this document's effective date on the	block does not mee	t the applicable.	statutory filing req	uirements, this d	ate will not be listed	as the
e record specifies a delayed effect rd is filed.	tive date, but not an	effective time, a	nt 12:01 a.m. on th	e earlier of: (b)	The 90th day after t	he
. Oriando	(08/14/2024				
Dated	• -	<u> </u>				

Filing Fee: \$25.00

Typed or printed name of signee