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COVER LETTER

	egistration sectivision of Corp		•	
out to the Car	Eazydeal LL	.c		
SUBJECT	·	Name of Limi	ited Liability Company	
The encios	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Uri Zyman		
			Name of Person	
		Eazypoint LLC		
			Firm/Company	
		3301 NW 168th St Suite B		
			Address	
		Miami Garden Fl 33056		
City/State and Zip Code eazydeal.lle@gmail.com				
		E-mail address: (to be used for future annual report notif	rication)
For further	information co	oncerning this matter, please co	all:	
Ury Zyma	n		407 360-8333 at ()	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	lailing Address egistration S vivision of Co O. Box 632' allahassee, F	ection orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassec, FL	porations allahassee e Street, Suite 810

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

EAZYDEAL LLC

(Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.
The Articles of Organization for this Limited L		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our re ess here:	cords, enter the name of the new register
Name of New Registered Agent:	EAZYPOINT LLC	
New Registered Office Address:	3301 NW 168TH ST STE B	
	Enter Flori	la street address
	MIAMI GARDENS	, Florida 33056 Zip Code
	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

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
			□Add
			□Remove
			□Change
		···	□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
,	
,	
	<u> </u>
(If an ef <u>Note:</u>	optional) fective date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 28th 2020
	Signature of a theriber of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00