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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essences Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration So Division of Co			
	Facu Shome	(n 116	
SUBJECT:	Name of Lin	CO. LLC	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub		
Please return all correspond	ondence concerning this matter	to the following:	<u>.</u>
	Lar	Name of Person  Shrimp Lo.  Firm/Company	······································
•		Name of Person	
	Lasy	Shrimp Lo.	
	•	Firm/Company	- 1
	11622 NW	Address	ZO AL TALL
	<del></del>	Address	
	Himbert 1	ardone Fl 22012	S
		City/State and Zip Code	uras uras
	Karlaa	a 715@gmail.com	
	`	to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please c	all:	
<u>Larle</u>	Lopez	at ( 786) 285 Area Code Daytime	-2457
Name o	of Person	Area Code Daytime	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 Addres	ze:	Street Address:	
Registration	Section	Registration Sect	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	
r.O. Dux 032	<b>-</b> /	THE CEIMTE OF La	Hallassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Easy Shi	imp (o: LLC		•
(Name of the Limited )	Liability Company as it now ar Florida Limited Liability Compa	pears on our records.) my)	
The Articles of Organization for this Limited Liabi Florida document number <u>L 2000 2092</u>	ility Company were filed or $8 arphi$ .	07/17/2020	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability compan	y here:	
		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the word	s "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
Principal office address MUST BE A STREET A	ADDRESS).		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO		7.7.	
B. If amending the registered agent and/or regingent and/or the new registered office address b		ur records, <u>enter the na</u>	me of the new registere
		· ·	
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		, Florida _	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 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
MGR	Alian Martel	9231 NW 114th St. Apt 11	□Add
		Hinlenh bardens, FL 33018	DRemove
			Change
MGR	Alian Martell	9231 NW 114th 6t, APTI	IZAdd
		Hickarh bardens, FL 33018	□Remove
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			□Add
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ocument's effective date on the Department of State's records.	irements, this	date will r	iot be ti	isteu as
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b)	The 90th	h day af	fter the
is filed.				
ared August 10 1020				
ated August 10, 1020.				
Lelo				
Signature of a member of anthorized representative of a n				