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05/12/23--01013--008 **25.00

A. RIVERS
JUL 12 2023

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DLX	LIS Easy 9	Kental LLC ted Liability Company	7 <u></u>
		, , ,	
The enclosed Articles of	Amendment and fec(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Roche	y Buckes	
	Beckis	Name of Person Easy Ren+ Firm/Company	all LIC
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	rudrythu E-phall address: (1	City/State and Zip Code	C())
For further information e	oncerning this matter, please ca	all:	
Rodrey I	SULLHS 1 Person	at Code Daytim	3-1045 e Telephone Number
Name o	, reson	. Hea code Dayiiii	• • • • • • • • • • • • • • • • • • •
Enclosed is a check for the	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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

BYCY'S EOSY Re.	ntall IC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	Our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>12200/700</u> /	company were filed on 4/10	$\frac{10000}{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit to the limit to the limit to the new name of the limit to the new name must be distinguishable and contain the words "Limit to the new name must be distinguishable and contain the words "Limit to the new name of the limit to the new name of the	Property Liair	Action "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds. enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	areet 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

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
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Filing Fee: \$25.00