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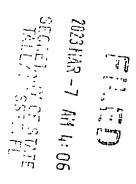
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COVER LETTER

TO: Registration Section

Division of Ce	orporations	V.	• _
Easy Dry	USA LLC		·
SUBJECT:		nted Liability Company	•
The enclosed Articles o	f Amendment and feets) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexia Ruiz		
		Name of Person	_
	EZDRIUSA		
		Firm/Company	_
	13544 Paloma Drive		
		Address	•
	Orlando, FL 32837		
		City/State and Zip Code	
	ezdrinsa a gmail.com		
	E-mail address; (to be used for future annual report notification)	-
For further information of	concerning this matter, please c	all:	
Ałenia Ruiz		407 267-6579.	
Name o	of Person	at ()Area Code Daytime Telephone Numb	er
Enclosed is a check for t	he following amount.		
□ \$25.00 Filing Fee	≅ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy (all copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	SECRETARY OF STALLANTAS SEE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000306939</u>	ny were filed on July 11, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
EZDriUSA LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>en</u>	ter the name of the new registe
Nove Donistand Office Address:		d-ne
New Registered Office Address:	Enter Florida street ad	areas
New Registered Office Address:		Florida
New Registered Office Address:	Enter Florida street ad City	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	City	Florida

If Changing Registered Agent, Signature of New Registered Agent

GR = M IBR = A	anager uthorized Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Remove
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ective date, if other to a effective date is listed, the te: If the date inserted cument's effective date	date must be specific in this block does n	and cannot be proof of meet the app	olicable state		than 90 days after fi	ling.) Pursuant to 605.0207
cord specifies a delayed s filed.	d effective date, but	not an effectiv	e time, at 12	2:01 a.m. on	the earlier of: (b)	The 90th day after the
						2023 HAR SECRET

Filing Fee: \$25.00

Typed or printed name of signee