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TO: Registration Section

Division of Corporations

EASY BUSINESS SOLUTIONS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **EUKARIS GUEDEZ** Name of Person EASY BUSINESS SOLUTIONS LLC Firm/Company 1317 EDGEWATER DR#3517ORLANDO, FL 32804 Address ORLANDO, FL 32804 City/State and Zip Code EUKARISVIRGINIS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 8188505383 **EUKARIS GUEDEZ** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

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EASY BUSINESS SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records: EALL AHASSEE, FL

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000321653}{L22000321653}$.	were filed on <u>07/20/2022</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	ty Company," the designation "L	LC" 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 office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ent</u>	er the name of the new registered	
New Registered Office Address:	Enter Florida street add		
	, 1 , City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	CESAR A MENDEZ RODRIGUEZ	1317 EDGEWATER DR#3517ORLANDO, FL 32804	4 □Add
			_ □Remove
			= Change
			_ 🗆 Add
			_ Remove
			_ □Change
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Typed or printed name of signee