L22000349371

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (6.1).6.6.6 |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (2000-1-100) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
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Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations**

| SUBJECT: | EASY CLA | IM SOLUTION LLC | | | | | |
|----------------------------|---------------|--|---|----------------------|---|--|--|
| SOBJECT. | | Name of Lim | ited Liability Company | | | | |
| The enclosed | l Articles of | Amendment and fec(s) are sub | mitted for filing. | | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | | |
| | | ANTHONY MARMOLEJ | os | | | | |
| Name of Person | | | | | | | |
| EASY CLAIM SOLUTION LLC | | | | | | | |
| Firm/Company | | | | | | | |
| 13812 SW 8TH ST, UNIT 169 | | | | | | | |
| Address | | | | | | | |
| | | MIAMI, FL 33184 | | | | | |
| City/State and Zip Code | | | | | | | |
| Info@EasyClaimSolution.com | | | | | | | |
| | | E-mail address; (| to be used for future annual | report notification) | 2023 (| | |
| For further in | nformation co | oncerning this matter, please ca | all: | | | | |
| Anthony Ma | armolejos | | 786 37 | 4-6030 | 22 | | |
| | Name of | Person | Area Code | Daytime Telephon | ne Number 57 | | |
| Enclosed is a | check for th | e following amount: | | | ω | | |
| ■ \$ 25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is end | closed) | \$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

| EASY CLAIM SOLUTION LLC | | |
|---|--|-----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| he Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| lorida document number 1.22000349371 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | 13812 SW 8TH ST | 22 |
| Principal office address MUST BE A STREET ADDRESS) | UNIT 169 | -7 |
| | MIAMI, FL 33184 | <u></u> |
| | | ري ري دي |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| . If amending the registered agent and/or registered office a | ddress on our records, enter th | e name of the new regis |
| gent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flori | da 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> | <u>Address</u> | Type of Action |
|--------------|--------------|-----------------|----------------|
| VP | RAUL LABARCA | 13812 SW 8TH ST | □Add |
| | | UNIT 169 | ■Remove |
| | | MIAMI, FL 33184 | □ Chan |
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated MAY 16 2023 Highature of a member or authorized representative of a member ANTHONY MARMOLEJOS Typed or printed name of signee

Filing Fee: \$25.00