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PICK-UP	☐ WAIT	MAIL
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C1:D1:	EGENBUR	G LLC		*	•
SUBJE	sc1:	Name of Lin	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		TETIANA SEMESKO			
			Name of Person		-
		EASY TAX GROUP LLC			ہے
			Firm/Company		The second
		485C US HIGHWAY 1 S	OUTH, STE 100		三部 声 一
			Address		
		ISELIN, NJ 08830			MIN: 06 RY OF STATE
		INFO@EASYTAXGROU	City/State and Zip Code P.COM		FATE OF
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please c	all:		
TETIA	NA SEMESKO		917 600-9952 at ()		
	Name o	f Person		e Telephone Number	г
Enclose	ed is a check for th	ne following amount:			
□ \$2:	5.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGENBURG LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/25/2023 and assigned Florida document number __L23000153152 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the newpregistered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added br removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	OLGA EGENBURG	19255 NE 10TH AVE	
		APT 307	■Remove
		MIAMI,FL 33179	□Change
AMBR	ROMAN EGENBURG	19255 NE 10TH AVE	5
		APT 307	□Remove
		MIAMI, FL 33179	
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