L23000397335

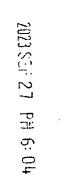
(Requestor's Name)
• (Address)
(Address)
(City/State/Zip/Phone #)
(10)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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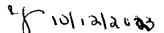




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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:Th	at Was Eas Name of Limi	Y , LLC ited Liability Company	
	Amendment and fee(s) are sub-		
		Evans Name of Person	
	That Wo	IS Easy, LLC Firm/Company	
	4430 Ardal	e St. Address	
	_	City/State and Zip Code SY941@ 9mgil (o be used for future and ual report noti	COM fication)
For further information co	oncerning this matter, please ea	ıll:	
EMILY EVO	ans Person	at (<u>941</u>) <u>920</u> Area Code Daytim	8787 e Telephone Number
Enclosed is a check for th	e following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

That Was Easy, LLC

2023 SEP 27 PH 6: 04

The Articles of Organization for this Limited Liability Company were filed on <u>August 23,2023</u> and assigned Florida document number L23000391335 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 new registered agent and/or the new registered office address here: Emily Evans Name of New Registered Agent: 4430 Ardale St.

Enter Florida street address New Registered Office Address: Sarasota ... Florida 3427

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
			□Add
			Remove
			□ Change
	 		□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
		□ Change	
			DAdd
			□Remove
			[] Change

(II an ei <u>Note:</u>	tive date, if other than the date of filing:
he reco ord is f	ord 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 filed.
Dated	September 12 2023
	Signature of a mortiber or authorized representative of a member
	Emily Evans Traced or printed name of signer

Filing Fee: \$25.00