10/20/23, 1:10 PN

## a Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000367383 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future o annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |  |
|-------|----------|--|--|--|--|
|       |          |  |  |  |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EASY INVESTMENTS SOLUTION INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

 $\alpha$ S

က်

o:

## Articles of Amendment to Articles of Incorporation of

|                               | Articles of Incorporati |
|-------------------------------|-------------------------|
|                               | of                      |
| EASY INVESTMENTS SOLUTION INC |                         |

| (Name  | of Corporation as currentl                         | v filed with the Florida Dept. of State)   |   |
|--|--|--|---|
| P04000098524   |  |  |   |
|  | (Document Number o.                                | Corporation (if known)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, this a                    | Florida Profit Corporation adopts the following  | ng amendment(s) to                      |
| A. If amending name, enter the new n   | ame of the corporation:                            |  |   |
| EASY USA SOLUTION INC  |  |  | The new                                 |
|  | Corp," "Inc," or "Co". A                           | ompany," or "incorporated" or the abbreviati<br>professional corporation name must conta-                                | ion "Corp"                              |
| B. Enter new principal office address, (Principal office address MUST BE A S   |  |  | <del></del>                             |
| C. Enter new mailing address, if apple (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent. | <i>OFFICE BOX)</i><br>nd/or registered office addr | ess in Florida, enter the name of the  | 2023 QCT 20 PM 12: 45                   |
|  | 400 NE 18th AVE APT 101                            | ,  | •                                       |
| New Registered Office Address:   | (Florida stre<br>HOMESTEAD                         | , Florida 33033  |   |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist   | ered ugent. I am familiar w<br>Marini              | ith and accept the obligations of the position.  Signature of the position of the position.  Gistered Agent, if changing | -                                       |

Check it applicable

☐ The amendment(s) is/are being filed/pursuant to s. 607.0120 (11) (e), F.S.

ĺο

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President, V= Vice President; T= Treasurer; S= Secretary, D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

Executive Officer, CFO = Chief Financial Officer, If an officeredirector holds more than one title, list the first letter of each office held.

President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: $\underline{X}$ Change | <u>bJ.</u>   | John Doe            |                 |             |
|---------------------------------|--------------|---------------------|-----------------|-------------|
| X Remove                        | <u>v</u>     | Mike Jones          |                 |             |
| X Add                           | <u>\$V</u>   | Sally Smith         |                 |             |
| Type of Action (Check One)      | <u>Title</u> | <u>Name</u>         | <u>Addres</u> s |             |
| i) Change                       | P            | Eugenio S. Alvarado | 400 NE 18th AVE | APT 107     |
| XX Add                          |              |                     | HOMESTEAD, FI   | . 33033-502 |
| Remove                          |              |                     | HOMESTEAD, FI   | 300         |
| 2) Change                       | P            | Eugenio Alvarado    | 219 NE 51 ST    | N           |
| Add                             | ·            |                     | APT 2           |             |
| XX Remove                       |              |                     | MIAMI, FL 33137 | 7           |
| Add                             |              |                     |                 |             |
| Remove                          |              |                     | *****           |             |
| 4) Change                       |              |                     | ,               |             |
| Add                             |              |                     |                 |             |
| Remove                          |              |                     |                 | ••          |
| 5) Change                       |              |                     |                 |             |
| Add                             |              |                     |                 |             |
| Remove                          |              |                     |                 |             |
| ő) Change                       |              |                     | <del></del>     |             |
| Add                             |              |                     |                 |             |
| Remove                          |              |                     |                 |             |

o:

| (Attach additional sheets, if necessary). | (ne specific)                           |                                       |                                       |                 |
|---|---|---------------------------------------|---------------------------------------|-----------------|
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   | <del></del>                           | <del></del>                           | <del> </del>    |
|   |   |                                       |                                       |                 |
|   | *************************************** | · · · · · · · · · · · · · · · · · · · |                                       |                 |
|   |   |                                       |                                       |                 |
|   | •                                       |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   | <del> </del>                          |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   | <del></del>                             |                                       |                                       | <u>~</u>        |
|   |   |                                       |                                       | 2023 00 1       |
| w. s                                      |   |                                       |                                       |                 |
|   |   |                                       |                                       | _               |
| P44222                                    |   |                                       |                                       | <u> </u>        |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       | <del></del>     |
|   |   |                                       |                                       | 12: ::<br>2: :: |
|   |   |                                       |                                       | <del></del>     |
|   |   |                                       |                                       | 71.             |
|   |   |                                       | · · · · · · · · · · · · · · · · · · · |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
| F. If an amendment provides for an excha  | nge, reclassification, or               | cancellation of issu                  | ied shares,                           |                 |
| provisions for implementing the amen      | dment if not contained                  | in the amendment i                    | itself:                               |                 |
| (if not applicable, indicate N/A)         |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       | <del> </del>    |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |
|   |   |                                       |                                       |                 |

٥.

-- - -----

| 10/20/2023   |  |
|--|--|
| The date of each amendment(s) adoption:  | _, if other than the                     |
| date this document was signed.   |  |
| Effective date if applicable:  | A hade for the statement of such assumes |
| (no more than 90 days after amendment file date)   |  |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will cocument's effective date on the Department of State's records.                          | not be listed as the                     |
| Adoption of Amendment(s) (CHECK ONE)   |  |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.  | sharcholde;                              |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.   |  |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group emitted to vote separately on the amendment(s):    | 202                                      |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  | 30 17                                    |
| by'' :.  | 2  |
| (voting group)   |  |
| $\frac{6}{2}$  |  |
|  | 72                                       |
| Signature David Chara  | [  |
| (By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | -  |
| Fugenio S. Alvarado  |  |
| (Typed or printed name of person signing)  | <del></del>                              |
| President  |  |
| (Title of person signing)  | <del>:</del>                             |
|  |  |