## 0180000 37024

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	<del></del>		
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Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION:EASY LC	OG SERVICES CORP			
DOCUMENT NUMBER:	P180000	037024			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
		ALFREDO B CUDA			
_		Name of Contact Person	1		
		Firm/ Company			
10850 NW 89TH TERR 209					
Address					
DORAL, FL 33178					
	City/ State and Zip Code				
For further information cor					
REINALDO DE FARIAS		at (			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

<del></del>	00037024	
	of Corporation (if known)	<del>.</del>
tursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name musi-	contain the word
3. Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )		——————————————————————————————————————
		· — · —
. Enter new mailing address, if applicable:	100-70 NOV 2009 (PDNN 200	ر. د د د د د د د د د د د د د د د د د د د
(Mailing address MAY BE A POST OFFICE BOX)	10850 NW 89TH TERR 209	
	DORAL, FL 33178	<u></u>
		<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
th lorida si	treet address)	
,		
New Registered Office Address:	, Florida_	(Zip Code)

Check if applicable

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

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)

Example:

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 officer/director 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 Doe 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				***
Remove				
5) Change				
Add				
Remove				
6) Change		_	_	
Add	<del>.</del>			
Remove				
				<del></del>

, active at the country	<mark>g or adding add</mark> tional sheets, if	necessary).	(Be specific,				
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<u>f an amend</u>	lment provides	s for an exch	ange, reclass	<u>ificațion, or c</u>	ancellation of	issued shares,	
provisions	for implement applicable, indi	ting the amer	idment if no	t contained in	the amendme	nt itself:	
(y na c	ирриссипе, ини	icaie iva)					
							<u> </u>
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				<del></del>			

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	de)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	09/03/2020	
Signature	A B debu	
selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, ofted fiduciary by that fiduciary)	
-11	Olfredo B. Coch	
	(Typed or printed name of person signing)	7
	(Title of person signing)	<u></u>