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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOW PRICE EAS	Y INC				
DOCUMENT NUM	P20000062000	-:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ALINE PINHEIRO RODRIC	GUES				
		Name of Contact Person	n			
	Firm/ Company					
	257 ATLANTIC ISLE					
	, <u>-,-</u>	Address				
	SUNNY ISLES BEACH, FLORIDA 33160					
		City/ State and Zip Cod	e			
	INFO@ASGTAX.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	on concerning this matter, please	se call:at (
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

1 11.0

LOW PRICE EASY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000062099 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 257 ATLANTIC ISLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUNNY ISLES BEACH, FLORIDA 33160 C. Enter new mailing address, if applicable: 257 ATLANTIC ISLE (Mailing address MAY BE A POST OFFICE BOX) SUNNY ISLES BEACH, FLORIDA 33160 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 257 ATLANTIC ISLE (Florida street address) SUNNY ISLES BEACH New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/arc 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)

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.

Example:

<u>A</u> Change	<u>P1</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	1100	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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6) Change		_		
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nan amendment	provides for an exc	hange, reclassific:	ition, or cancella	ition of issued shar	res,
(if not applie	nplementing the amount of the	enament ii not co	ntained in the an	nenament itsett:	
(ij noi applici	ame, macaie mai				
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The date of each amendment(s) ad	option:	, if other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the amen ficient for approval.	dment(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement s):
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	,```	
	(voting group)	
AUGUST 2. Dated	5, 2020	
Signature(By a din	ector, president or other order – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or other	t been
appointe	d fiduciary by that fiduciary)	ici cutit
	ALINE PINHEIRO RODRIGUES	
-	(Typed or printed name of person signing)	
ı	PRESIDENT	
-	(Title of person signing)	