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A CONTRACTOR

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T. CLINE

JUN - 5 2012

EXAMINER

COVER LETTER

D. D.	Division of Cor	porations		e v	
SUBJECT	Г:	EDGE CO	ollections	, , , , , , , , , , , , , , , , , , ,	,
		Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please rett	um all correspon	ndence concerning this matte	r to the following:		
		Carl	Pascuzzi Name of Person		
		EDGE	: Collection	<u> </u>	
		1861	N.W. South	River Drive #P	H-01
		MIAM	Address	33125	
		E-mail address:	City/State and Zip Code Phoebe @ e (to be used for future annual report	33/25 Agenalloverings.	con
For further	r information co	oncerning this matter, please			,
_Ph	Name of	Brand+ Person	at (305) 98 7 Area Code & Da	aytime Telephone Number	
Enclosed i	is a check for th	e following amount:		SECRE TALL'AF	isa isa isa isa isa isa isa isa isa isa
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Feb., Certificate of Status of	in state
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGE W	Iallcoverings LLC.	
(Name of the Limited L (A F	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
	bility Company were filed on $\frac{O^8/17/2}{}$	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
EN BOUND OF THE PROPERTY OF TH	STEPPED EDGE Collection	ons LLC.
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
		ACIES THE
Enter new mailing address, if applicable:		产品 生 节
(Mailing address MAY BE A POST OFFICE B	<u> </u>	AS I
		mo - FM
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, <u>e</u> ce address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	
	City	Zip Code
Vew Registered Agent's Signature if changing De	wistered Ament:	

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager, or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
· ·			Add Remove
			Add
			Add
			_ ∏ Add
			Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			201 SE
_		AHA SSEE	FIL 2012 JUN -1, SEGNE TARY
Dated		E FLORIBA	
	Phohe Brand	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00