## <u>L14000155767</u>

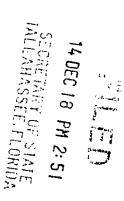
(Re	questor's Name)	
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(A.)		
(Ad	dress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D.	oring and English Man	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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\*Office Use Only



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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: FROM	NTEDGE 6 Name of Limi	ted Liability Company	·
	mendment and fee(s) are subj	_	
Please return all correspond	dence concerning this matter	to the following:	
	ADRIAN -	TRIANA Name of Person	
	FRONTEDO	Firm/Company	<u>-C</u>
	11410 SW 43	TERRACE Address	·
	MIAMI / FL	33165 City/State and Zip Code	
	ADRIAN. TRI	ANA @ 6 MAIL.	cord otification)
For further information con	cerning this matter, please ca	ill:	
ADRIAN T	TRIANA	at ( <u>305</u> ) <u>303</u> Area Code Day	- 4844 time Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRONTEDGE (Name of the Limited I (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on10/06/201	4 and assigned
Florida document number <u>L14 0001553</u>	<u>. [0</u>	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or		ter the name of the new
registered agent and/or the new registered office	<u>e address here</u> :	ECSSE 14 DE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	Zip Code

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action MGR MELISSA TRIANA 11410 SW 43 TERRACE MAdd MIAMI, FL 33165 □ Add ☐ Remove \_ 🗆 Add ☐ Remove Remove \_\_\_\_\_ 🔲 🗆 Add \_\_ □ Remove

ffective date, if other than the date of filing:  the effective date must be specific, cannot be prior to date of receipt or fi	(optional) led date and cannot be more than 90 days after
ne date this document is filed by the Florida Department of State)	
Pated	<u>t</u> .
Pated December 15 , 2014	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00

