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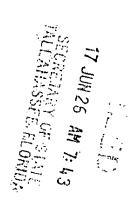
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JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EDC LASH BRICKEL LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CAROL BDAZIE Name of Person	
EPC LASH 1 LLC Firm/Company	
20533 BISCAYNE BLVD, S	vite # 449
Eileen New house @ Jana . C E-mail address: (to be used for future annual report notific	<u>Ø</u>
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Name of Person at (305) 490 - Area Code Daytime	-9989 Felephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\& \text{Certificate of Status}\$\$ \$\Bigcup \$55.00 \text{ Filing Fee \$\& \text{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

BRICKELL

EDC

(A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 5122 2017 and assigned	ļ
Florida document number <u>LI700012514</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the	e new
registered agent and/of the new registered office address	A SECTION OF THE PROPERTY OF T	
Name of New Registered Agent:		
New Registered Office Address:	\$ 2	
	Enter Florida street address	
	City , Florida Zip Code .	
New Registered Agent's Signature, if changing Registered Ag	gent:	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00