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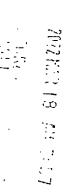
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Special Instructions to Fili	ng Officer:	

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O SIMMONS APR 0 1 2027

COVER LETTER

TO:

Registration Section

Division (of Corporations				
SUBJECT:	EDR Consu	oltants			
	Nar	ne of Limited Liability C	ompany		
The enclosed Artic	les of Amendment and fee(s	s) are submitted for film	ng.		
Please return all co	rrespondence concerning th	is matter to the followi	ng:		
	Enc	Rozenbe Name o	~ cy		
		Name of	f Pg/son		
	E	OR (pasoltant	ts		
		Firm/Co	ompany		
	+616 U		ı/\ .	101	
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	Deliny	Beach FL	5 348 5 348	34	
	J	21,771111			
	E-mail	d rozenberg (a) address: (to be used for fi	<u>ကက် (၂-၂</u> utury annual rep	ort notification)	
For further informa	ation concerning this matter,	please call:	V		
r D				^	
Eric R	olemberg.	at (<u>45</u> Are	<u>'</u>	409 - 880	00
,	Same of Person	Are	a Code	Daytime Telepho	ne Number
Enclosed is a check	c for the following amount:				
X \$25.00 Filing I	Fee S30.00 Filing For Certificate of S		Filing Fee & ed Copy		\$60.00 Filing Fee, Certificate of Status &
	Connease of .		nal copy is enclose	ed)	Certified Copy
					(additional copy is enclosed)
Mailing A	address:		Street Addr	ress:	
_	tion Section		_	on Section	
Division P.O. Bo:	of Corporations			of Corporation re of Tallahas	
	see, FL 32314			e or ramanas Ionroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility	71177 1	10 61 7 C7		
(A Florida L	Company as it now appears on our limited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2200064410</u>	mpany were filed on Feb 20	and assigned	ed	
	-			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:			
	_			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
				
	65			
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>(</u>	enter the name of the new reg	gist	
-				
Name of New Registered Agent:				
Ninn Projet and Office Address				
New Registered Office Address:	Enter Florida street	address		
	. Florida			
	Cuy	Zip Code		
New Registered Agent's Signature, if changing Registered a	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and considerept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duti ent as provided for in Chapter	es, and I am familiar with an 605, F.S. Or, if this documer	nd	

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 Poles . L	Type of Action
MGR_	Enc Porenbarg	5936 Harnagistur Cir De Vay Beach	_ X∕\dd
	U	FL, 33484	□Remove
			□Change
MBR	Enc Rounberg	5936 Morning Har (4 Apr 101	_ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	O	Delry Beach, FL 33484	□Remove
			□Change
			□Add
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<u>te:</u> If the date ins	ther than the date of ted, the date must be speci erted in this block does date on the Departmen	not meet the applic	able statutory filing re	(optional) than 90 days after filing quirements, this date) p.) Pursuant to 605,0207 e will not be listed as
cord specifies a d s filed.	elayed effective date, b	ut not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) Th	he 90th day after the
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	MA		<u> </u>		
	Signatur	of a member or author	orized representative of a	member	
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