## L08000010032

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>•</del> #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

FILED

T. CLINE
MAR 2 5 2008
EXAMINER

## COVER LETTER

TO: Registration Division of C					
SUBJECT: FIRST	EDGE, LLC				
•	(Name of Lin	mited Liability Company)			
	٠,				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	er to the following:			
	DOHAENG HEO				
		(Name of Person)			
	FIRST EDGE, LLC				
		(Firm/Company)	<del></del>		
	7813 MITCHELL BL	LVD. SUITE 101		200 SE	
		(Address)		L CR	-
	NEW DODT DICHE	V El 24666		2008 HAR 24 PM SECRETARY OF FALLAHASSEE.F	-
	NEW PORT RICHE	(City/State and Zip Code)	***************************************	338 8 4 F	'n
For further information	n concerning this matter, please	call:		PH 1: 13 OF STATE OF LORIDA	
DOHAENG HEO		at (812 ) 320-2708		3 <del>&gt;</del>	
(Nam	ne of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for	r 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 F Certificate of Certified Cop (additional co	Status &	

**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

FIRST EDGE, LLC	ANG G		
(Name of the Limited Lin (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liab	ility Company were filed on January 28, 2008	and assigned	
•		<del></del>	
Florida document number <u>L08000010032</u>	<del></del> •	75 ZE	
	•	FC E	
This amendment is submitted to amend the following	ing:	韶 第一	
		2008 MAR 24 SECRETARY TALLAHASS	
A. If amending name, enter the new name of th	se limited liability company here:	SEE O	
A. I amending name, enter the new quine of the	to minera maniney company nerve.	77	
		031 7	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designation "	LLC" or heabbreviation	
		<i>,</i>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	the name of the new	
registered agent and/or the new registered orner	e address here:		
Name of Navy Desistand Assets			
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida	Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent		
The state of the s	ACCOUNT OF THE PROPERTY OF THE		
I hereby accept the appointment as registered a	gent and agree to act in this capacity. I further ag	ree to comply with	
	per and complete performance of my duties, and I		
	red agent as provided for in Chapter 608, F.S. Or,		
	ristered office address, I hereby confirm that the li	nited liability	
company has been notified in writing of this cha	ange.		

(If Changing Registered Agent, Signature of New Registered Agent)

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

	= Manager M = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		,,.,.,.	Tremove
			Add Remove
<del></del>			Fladd E
			2000 AND 24 TO AND
			TRANOVOX CO
			Remove
			Add Remove
D. If a		nter change(s) here: (Attach additional sheets, if necessor	ary.)
	Change of Principal Office A	Address and Mailing Address:	
	NEW PORT RICHEY, FL 3		<del></del>
Dated_	March 20	, 2008	
	Signatura	of a member or authorized representative of a member	·
	DOHAENG HEO	or a member of audiorized representative of a member	
	Service Services Control of the Services	Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00