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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Wastle)
(Document Number)
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COVER LETTER

Division of Corp	orations	Division of Corporations					
SUBJECT: <u>EDGE</u>	Asset Manage Name of Limit	ed Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	DRIAH BE	N-GAL Name of Person Managewat, LLC Firm/Company					
	EDGE Asset	Managewat, CLC Firm/Company					
		AMI AVL Address					
	Miani FL	- 33130 City/State and Zip Code					
	in fo ledgeas	- 33130 City/State and Zip Code Set. Com o be used for future annual report notification	on)				
For further information co	ncerning this matter, please ca						
ORIAH BENG Name of	Person	at (<u>305)</u> <u>771 - 181</u> Area Code & Daytime Te	Selephone Number				
Enclosed is a check for the	e following amount:						
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2013 MAR II AM 8: 17 SECRETARY OF STATE TALLAMASSEE, FLORIDA

EDGE Asset (Name of the Limited L.) (AF	Mona general, iability Company as it lorida Limited Liability	now appears on ou Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 1 1 0000</u>		iled on	20 n	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability co	mpany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	pility Company," the	designation "l	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	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 registered agent and/or the new registered office	ce address here:			the name of the new
Name of New Registered Agent:	ORIAH	BEN-GAL	-	
New Registered Office Address:	122	BEN-GAL S MIAMI Enter Flor	AVL rida street add	dress
	Miani		_, Florida	33130
	City			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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member <u>Title</u> Type of Action Name Address Adam Supraski 248 NE Miami Gardus Pr. Add MGRM Miami FL 33190 Remove Elliot lief ZYOU NE MANI Godes OC- Add MGRM Miani PL 33180 Remove 127 SMIAMI AJE X Add Teffaey Webster MGRM MIAMI FL 33130 Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Change address of MGRM Oriah Bengal to
	122 S MIAMI AVE, MIAMI, FL, 33130
Dated _	1/1/2013 2013 M By
	Signature of a member of anthorized representative of a member of
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

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