

SEP/08/2016/THU 12:27 PM

FAX No.

P. 001/004

9/8/2016

Division of Corporations

L15000208501  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000223119 3)))



H160002231193ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP -8 AM 8:30

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TEDGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

16 SEP -8 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 09 2016  
J. HARRIS

SEP/08/2016/THU 12:27 PM

FAX No.

P. 002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tedge, LLC

(Name of the Limited Liability Company as it may appear on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 15, 2015 and assigned Florida document number L15000208501

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

SEP/08/2016/THU 12:27 PM

FAX No.

P. 003/004

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Natalia Toyar Grand	2091 Augusta	<input type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR / MGR	Fabiana Cristina Trevino Bravo	1425 Brickell Avenue # 62 B	<input type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rosangel Carolina Espinoza Carab	10845 N.W. 81 Lane	<input type="checkbox"/> Add
		Doral, Florida 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
 TALLAHASSEE  
 DEPT. OF STATE  
 SEP 8 8:08 AM '16

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated September 7, 2016

*Fabrina*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Fabriana Cristina Trovino Bravo  
 \_\_\_\_\_  
 Typed or printed name of signee

1 SEP - 8 AM 11:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA