# 1 03000029137

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)					
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DIVISION OF CORPORATIO

G. MCLEOD

MAR 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO:		ion Section of Corporations					
SUBJE	CT: EDY	L, LLC (Name of Lin	nited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
		EDWARD B. DYLJF	R. (Name of Person)				
	MANAGER, EDYL, LLC (Firm/Company)						
	10736 MIRACLE LANE , (Address)						
NEW PORT RICHEY , FL, 34654 (City/State and Zip Code)							
For further information concerning this matter, please call:							
EDW	ARD B. C	OYLJR Name of Person)	at (727_)856- 2903 (Area Code & Daytime	l'elephone Number)			
Enclose	ed is a check	for the following amount:					
<b>₽\$25</b> .	.00 Filing F	ee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & 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



EDYL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 4th, 2003 \_ and assigned Florida document number \_L03000029137 \_ \_

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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 Manage or Managing Member being added or removed from our records:

	Manager = Managing Member		
Title ,	Name	Address	Type of Action
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
	-		Add Remove
D. If am		ation, enter change(s) here: (Attach additional sheets, if new pose of Limited Liability Company formed as follo	• •
	limited liabiliy compan	y is formed for he purpose of conducting any lawf	ful
	businesses or purpose	es permitted under florida state law.	
Dated M	arch 19, 2008		
	Sig	gnature of a prember or authorized representative of a member	
	-	manager, EDYL, LLC	

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00