

L06 000 033 750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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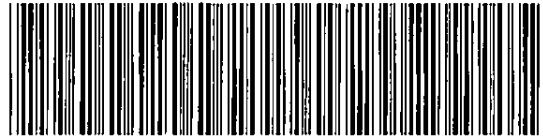
(Business Entity Name)

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7/15/25



**SILVERMAN  
SCHERMER**

**Kristen M. Yates, Esq.**  
Silverman Schermer, PLLC  
One Financial Plaza  
100 SE 3rd Avenue, Suite 1850  
Fort Lauderdale, FL 33394

Phone: 954.314.4000

Email: [kristen@silvermanschermer.com](mailto:kristen@silvermanschermer.com)

May 8, 2025

Via U.S. Mail

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Re: Articles of Amendment to Articles of Organization for Edge Consulting, LLC**

To Whom It May Concern:

Enclosed is the Articles of Amendment to Articles of Organization for Edge Consulting, LLC, Florida Document Number L06000033750. Also enclosed is the \$25 filing fee.

Please see these are filed and returned to me at our address listed above.

Call me with any questions.

Best regards,

*Kristen M. Yates*

KRISTEN YATES

Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EDGE CONSULTING, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS HIRSCHHORN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

18 SHELDRAKE ROAD

\_\_\_\_\_  
Address

SCARSDALE, NY 10583

\_\_\_\_\_  
City/State and Zip Code

drdoug@drdoug.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Yates

954

314-4000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EDGE CONSULTING, 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 03/30/2006 and assigned  
Florida document number L06000033750

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:

Adam Silverman

New Registered Office Address:

100 SE 3rd Avenue, Suite 1850

*Enter Florida street address*

Fort Lauderdale

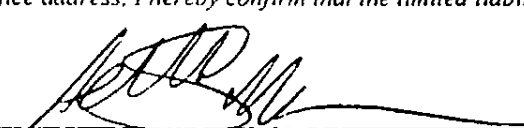
Florida 33394

*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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

[illegible]

**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.

05 / 08 / 2025

Douglas Hirschhorn

DOUGLAS HIRSCHHORN, Manager

**Filing Fee: \$25.00**

Title	Amendment - Change of RA.pdf
File name	Amendment%20-%20Change%20of%20RA.pdf
Document ID	e889c0c5a1601b11c118833c0b168e579d9dd11f
Audit trail date format	MM / DD / YYYY
Status	◦ Signed

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## Document History



SENT

05 / 07 / 2025

20:53:53 UTC

Sent for signature to Doug Hirschhorn ([drd@drdadvisors.com](mailto:drd@drdadvisors.com))  
from [kristen@silvermanschermer.com](mailto:kristen@silvermanschermer.com)  
IP: 207.104.43.108



VIEWED

05 / 07 / 2025

23:00:38 UTC

Viewed by Doug Hirschhorn ([drd@drdadvisors.com](mailto:drd@drdadvisors.com))  
IP: 174.204.161.172



SIGNED

05 / 08 / 2025

18:35:06 UTC

Signed by Doug Hirschhorn ([drd@drdadvisors.com](mailto:drd@drdadvisors.com))  
IP: 108.41.59.206



COMPLETED

05 / 08 / 2025

18:35:06 UTC

The document has been completed.