(Requestor's Name)			
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	-8 AMII:40 ARY OF STATE ASSEE FLORIDA		
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G. MCLEOD MAY - 8 2008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EDAN ENTERPRISES, 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:				
EDMUND J. RUZAKOWSKI				
(Name of Person)				
EDAN ENTERPRISES. LLC				
(Firm/Company)				
8862 SW 91ST PLACE				
(Address)				
GAINESVILLE, FL 32608				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
EDMIND DUZAKONOKI				
EDMUND RUZAKOWSKI at (352) 665-5453 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status 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

FILED

08 MAY - 8 AM II: 40

SECRETARY OF STAIL

ALLAHASSEE, FLORID.

SECRETARY OF STAIL TALLAHASSEE, FLORIDA EDAN ENTERPRISES, 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 <u>05/07/2008</u> ____ and assigned Florida document number 608000045278 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 "L.L.C." 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) (City)

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>	Name	Address	Type of Action
MGRM	EDMUND J RUZAKOWSKI	8862 SW 91ST PLACE GAINESVILLE, FL 32608	✓ Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			 -
			-
Dated MAY 77			
	Signature of a njember ANNE Ruzakows Typed	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00