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(Re	equestor's Name)			
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J. BRYAN

JAN 2 9 2009

EYOMINER

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Edge C	onsulting & Busines	s Solutions, LLC	
	(Name of Lin	ned Diability Company)	
	Amendment and fee(s) are sub	<u> </u>	
	Derek Bruce		
	 	(Name of Person)	
	Edge Public Affairs, LLC		
		(Firm/Company)	
	1854 Robin Road		9 48
	1004 1105111 11044	(Address)	JA
	Orlando, FL 32814		OF CT
	Ondrido, 1 2 02014	(City/State and Zip Code)	T PO
For further information of	concerning this matter, please c	all:	O9 JAH 28 AH 11:54
Derek Bruce		at (407) 701-0351	
(Name of Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS JAN 28 AM 11:54

Edge Consulting & Business Solutions, 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 12/05/2008	and assigned
Florida document number L08000111671		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Edge Public Affairs, LLC		
The new name must be distinguishable and end with the words "Lim: "L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	37 N. Orange Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 500	
	Orlando, FL 32801	
Enter new mailing address, if applicable:	P.O. Box 50005 8 P.O. Box 140	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Ft. 32856-065 78 - Orland	6, FL 32814-0902
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office 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 tire 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 Title <u>Name</u> <u>Address</u> **Type of Action** P.O. Box 56065678 P.D. Box 140902 MGRM Derek Bruce **√** Add Orlando, FL 32856-9656 \$ 32614 - 0902 Remove Add Remove Add 🗂 Remove Remove ☐ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Hector A. Perez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00