08000 111852

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
0.05.10				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
operation to thing officer.				

Office Use Only



300142238763

02/02/09--01043--017 **25.00

SECRETARY OF STATE

FIGERAL OF SIME

M. THOMAS

FEB - 3 2009

EXAMINER

COVER LETTER

TO: Registration Son Division of Conv.			
SUBJECT: EDB LI			
•	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Erica Bruhier		
		(Name of Person)	
	EDB LLC		. 09
		(Firm/Company)	FEB FEB
	器 2 万		
	3073 Laurel Ridge Circle	(Address)	09 FEB -2 AH IS: OF STATE SECRETARY OF STATE TAILLY AND SECRETARY OF STATE SECRETARY OF STATE SECRETARY.
Riviera Beach, FL 33404			STE OF
		(City/State and Zip Code)	- Sin W
For further information of	concerning this matter, please c	all:	
Erica Bruhier		at (561) 889-3198	
(Name	of Person)	(Area Code & Daytime T	elephone 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)

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

EDR LLC (Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appears on our records.) ability Company)	€
The Articles of Organization for this Limited Lial			and assigned
Florida document number <u>1,08000111852</u>	• **		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	09 FER
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the designation	'LLC" of the abbreviation
Enter new principal offices address, if applicable:		3073 Laurel Ridge Circle	新 星
(Principal office address MUST BE A STREET	(ADDRESS)	Riviera Beach, FL 33404	E ST TO
Enter new mailing address, if applicable:		3073 Laurel Ridge Circle	
(Mailing address MAY BE A POST OFFICE BOX)		Riviera Beach, FL 33404	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		•	
	Riviera Beach	·	,
	MVIGIA DEACH	, Florida 3	(Zip Code)
		* 27	/

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 **Title Address Type of Action** Name 1 COO Renan Bruhier 3073 Laurel Ridge Circle Add T Riviera Beach, FL 33404 Remove Erica Bruhier CEO 3073 Laurel Ridge Circle Add Add Rivera Beach, FL 33404 Remove 🗖 Add Remove ☐ Add Remove Add 🗍 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Alias to be added to this entity "Every Day Business" Dated January 17 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00