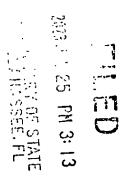
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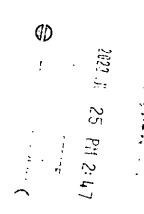
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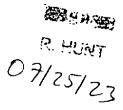
Office Use Only



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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/25/2023

NAME: EPHILCEDA, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: \_ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPHILCEDA, LLC						
(Name of the Lin	A Florida Limited	any pait now appears on o Embility Company)	Hr records.	<del></del>		
The Articles of Organization for this Limited	010	and assigned				
Florida document number L10000026879						
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The same of the sa						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designs	tion "LLC" or the abbi	reviation "L	.L.C."	
nter new principal offices address, if applicable:		12399 SW 53RD STR	LEET	:	) :::	
(Principal office address MUST BE A STRE	SUITE 101			<u></u>		
		COOPER CITY, FL 3	3330			— į
		<del>-</del>				3-11-17
Enter new mailing address, if applicable:		12399 SW 53RD STR	eet 🤇	70 <sup></sup> 5		m
(Mailing address MAY BE A POST OFFICE	₹ <i>₿0X</i> )	SUFTE 101	*	<u> जिल्ल</u> :	2	
		COOPER CITY, FL 3			<del></del> -	
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B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : css here:	address on our record	s, enter the name	of the nev	v regi:	stered
Name of New Registered Agent:	CECILE ISOR	·		··· — -		
New Registered Office Address:	12399 SW 53R	D STREET				
		Enter Florida stre	tel address			_
	COOPER CITY	Florida 3333	, Florida <u>33330</u>			
		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 tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effecti	ve date, if other ti	hun the date a	ffiling							
ir an che	CUVO date is listed, the	date must be snee	ific and or		dula C	CI!	c than 90 day			o <b>6</b> 05.020
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Dated	TUNE 22		/ :	2023	P				-	
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Filing Fee: \$25.00

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