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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

MAR 3 0 2011

COVER LETTER

Division of Corporations
SUBJECT: Anthony Edwards 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:
Anthony Edwards Name of Person
Anthony Edwards, LLC
3109 Station Court
Address
Pensacola Ma 3 250 GARASS
City/State and Zip.Code , rri-<
E-mail address: (to be used for future angual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Anthony Edwards at 850, 469-4788
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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**

Anthony E	Edwards	LLC			
(Name of the Limited) (A	Liability Company as it now a Florida Limited Liability Comp				
The Articles of Organization for this Limited Liz		12/10/2010	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability compan	y <u>here</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "LLC"	" or the abbreviation		
Enter new principal offices address, if applica	ble:	TALE SEE	201		
(Principal office address MUST BE A STREE)	ADDRESS)	And	# 11		
Enter new mailing address, if applicable:		SSEE, FLO	28 TT		
(Mailing address MAY BE A POST OFFICE E	(OX)	PATE PATE	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		on our records, enter the	name of the new		
Name of New Registered Agent:	MURYDEFFI	ECINVARAS			
New Registered Office Address:	ce Address: 3/09 Station Coat Enter Florida street address				
	Pensacola City	7, Florida <u> </u>	250 / Zip Code		
New Registered Agent's Signature, if changing R	egistered 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 dufies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, A.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.

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 Type of Action <u>Address</u> **Title** <u>Name</u> MBRM Mary Beth Edwards 3109 MBRM Anthony Edwards 3109 ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated March Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00