

L110000619626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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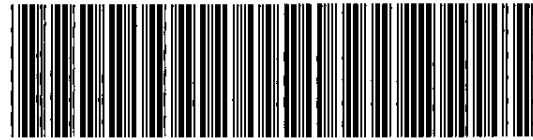
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGE INSTALLATION "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:

THOMAS PAIS JR.
Name of Person

EDGE INSTALLATION "LLC"
Firm/Company

109 AMBERSWEET WAY SUITE 285
Address

DAVENPORT, FL 33897
City/State and Zip Code

EDGEINSTALLATION1@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS PAIS JR. at (321) 697-8943
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$80.00 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

FILED

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EDGE INSTALLATION "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/15/2011 and assigned
Florida document number L11000019626

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

109 AMBERSWEET WAY
SUITE 285
DAVENPORT, FL 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

109 AMBERSWEET WAY
SUITE 285
DAVENPORT, FL 33897

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:

THOMAS PAIS JR.

New Registered Office Address:

109 AMBERSWEET WAY SUITE 285
Enter Florida street address
DAVENPORT, Florida 33897
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

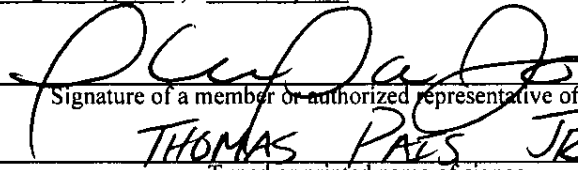
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GABRIEL CARRILLO	264 ELDERBERRY DR. DAVENPORT, FL 33897	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	THOMAS PAIS JR.	109 AMBERSWEET WAY SUITE 285 DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GABRIEL CARRILLO	109 AMBERSWEET WAY SUITE 285 DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 20th, 2011


Signature of a member or authorized representative of a member
THOMAS PAIS JR.
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA