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## **COVER LETTER**

Division of Corpor				
SUBJECT:	EDWARD	OVERSEAS	LLC	
	Name of Limi	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	ED) TH	ALVARE Z Name of Person		
		Name of Person		
	EDW A	SD OVERSEAS Firm/Company	Lic	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	7138	SPORTS MANCE	br	
		SPORTS MANS 1		
	N. LA	WERDALE FI	33068	
		City/State and Zip Code	<u> </u>	
	EDITH. F	City/State and Zip Code  ALVARE 7 55 6  To be used for future annual report not	YAKOO.com	
For further information conc			4-9>987	
EDITH ALV	4126 2	at ( <u>954</u> ) 276 Area Code Daytin	4-9298	-
Name of Pe	erson	Area Code Daytim	ne Telephone Number	***** *****
				П. П
Enclosed is a check for the f	following amount:		景芸 凭	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, ☐ Certificate of Status &	
	Commence of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			(auditional copy is chelosed)	

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

	OVERSEAS LL C  ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number L110000 5660	
This amendment is submitted to amend the following	<u>5</u> ,
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
${\bf Enter\ new\ principal\ offices\ address,\ if\ applicable:}$	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida street 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 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 title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name 1 Address Type of Action EDWARD CUADRA ROOPS 7138 SPORTSMANS DR - Add MGRM N. LANDER DAVE, FL 33068 Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change PRemove Change ORIGINADA ☐ Remove ☐ Change □ Add □ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach addi	tional sheets, if necessary.)
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or  Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
Dated 11/03/16	
Signature of a member or authorized representat	tive of a member
EDITH ALVARE	<del>-</del> 7

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Typed or printed name of signee

Filing Fee: \$25.00