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B. BOSTICK

JUN - 7 2011

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	EDAN	I GROUP LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	,		
	EDUARDO F HENRIQUEZ		
Name of Person			
Firm/Company			
	P APT 307		
		Address	
	E-mail address: (PRAISE@HOTMAIL.C to be used for future annual rep	COM ort notification)
For further information	concerning this matter, please of	call:	
EDUAG	100 E HENDIOLIEZ		700 7044
EDUARDO F HENRIQUEZ Name of Person		at (407) Area Code &	702-7314 Daytime Telephone Number 5
			THE STATE OF THE S
Enclosed is a check for	the following amount:		Col. Col. Strains
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) \$60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Division of Clifton Bui	Corporations Iding Itive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDAMI ODOLID I LO

(Name of the Limited Liability Compan	V as it now appear	rs on our records.)	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	,,	
The Articles of Organization for this Limited Liability Company v	were filed on	05/26/2011	and assigned
Florida document number L11000061330			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			:
(Principal office address MUST BE A STREET ADDRESS)			to the second
			o I
Enter new mailing address, if applicable:		i .	The second of th
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ur records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addr	ess
		, 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 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 ow Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EVELYN MONSERRATE	7589 SAND LAKE POINTE LOOP APT 307 ORLANDO, FL. 32809	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
		LLA 14.888EE. PLOR	O 3
Dated	JUNE 01 , 20	011 .	က် ယ
	Signature of a member	er of authofized representative of a member	
		RDO F HENRIQUEZ	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00