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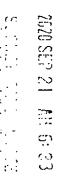
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000,
Certified Copies Certificates of Status
Consider the American As Filips Officers
Special Instructions to Filing Officer:





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D. BRUCE OCT 29 2020

COVER LETTER

	egistration Sec ivision of Corp					
SUBJECT	Edifying You	, LLC		r		
SOBJECT	· •	Name of Lim	ited Liability Company	*		
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspon	dence concerning this matter	to the following:			
		Youdeline A. Deravines				
			Name of Person		-	
			Firm/Company		-	
		2401 Everglades Drive			_	
			Address		_	
		Miramar, FL 33023			_	
		YoudelineDeravines@gmai	City/State and Zip Code			
		- -	to be used for future annual report notific	cation)	· · · · · · · · · · · · · · · · · · ·	
For further	r information co	ncerning this matter, please c	ail:		2020 S	
Youdeline	A. Deravines		954 618-3268 at ()		EP 2	ۇ ئە دە دا سى سى م
	Name of	Person	Area Code Daytime	Telephone Numbe		
Enclosed is	s a check for the	following amount:				
■ \$25.0 0) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	filing Fee, ate of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)
ompany were filed on and assigned
ted liability company here:
ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
4300 North University Dr, Suite F-100
Sunrise, FL 33351
PO BOX 245726
Pembroke Pines, FL 33024
remotoke rines, r E 33024
d office address on our records, enter the name of the new regi
Everglades Drive Enter Florida street address
· · · · · · · · · · · · · · · · · · ·
City Florida 33023 Zip Gode
d 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>	<u>Name</u>	Address	Type of Action
MGRM	Youdeline A. Deravines	2401 Everglades Dr	
		Miramar, FL 33023	□Remove
			⊞ Change
			□Add
			□Remove
			Change
			□ Add
			Rindove
			□ Add (2) □ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior lote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 09/17 2020	·
Pated	orized representative of a member