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COVER LETTER

TO: Registration Section **Division of Corporations**

EDWING'S UNLIMITED SERVICES, 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:

Carol Baillie, EA

Name of Person

M. H. Baillie & Associates, Inc.

Firm/Company

1500 NE 51 Street

Fort Lauderdale, FL 33334-5710

City/State and Zip Code

mhbassociates@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Baillie

at (954) 491-5114

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 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)

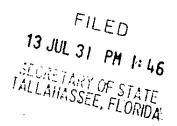
MAILING ADDRESS:

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**



EDWING'S UNLIMITED SERVICES, LLC

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

The Articles of Organization for this Limited Lia	bility Company v	vere filed on 7/27/2011	_ and assigned
Florida document number L11000086701	··		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ty company here:	
EDWING'S UNLIMITED SHUTTER SE	ERVICES, LLC	,	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		NA-NO CHG	
(Principal office address MUST BE A STREET	"ADDRESS)		
Enter new mailing address, if applicable:		NA-NO CHG	
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		
B. If amending the registered agent and/o.	n nogistanad offi	as address on our records anter the	name of the new
registered agent and/or the new registered off			name of the new
	•		
Name of New Registered Agent:	NA-NO CHO	;	
New Registered Office Address:	NA-NO CHO		
		Enter Florida street addre.	55
		, Florida	
		City	Zip Code
New Desistand Agent's Signature if changing D	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Name</u>	<u>Address</u>	Type of Action
		Add
		Remove
		Add
		Remove
		Add
		Remove
		Remove
		Add
		Remove
		Add
		Remove

). If amending b	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	
Dated July 25	5 2013
	E-dwing Sexa
	Signature of a member or authorized representative of a member
EC	WING SOSA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00