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**EXAMINER** 

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SECRETARY OF STATE
ALL'AHASSEE FIORINA

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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: EdN		ties, LLC	<u>'.   </u>		
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
· .	Kristin	M. Mayfield Name of Person			
	EdMay	Properties, LLC			
	2318	Canter Ct Address	······	2011 OC SECRI	
	Talla	hassel, FL 32308 City/State and Zip Code	3	DITOCT-6 / SECRETARY O ALLAHASSEE	
	mayfield	lhvac@Live.com	1	AH MAN	C
For further information cor	E-mail address: (t ncerning this matter, please c	o be used for future annual report notifica all:	ition)	NOA	
Kristin		<sub>at (</sub> 850 <sub>)</sub> 766-57			
Name of I	Person	Area Code & Daytime T	Telephone Number		
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)	Certified	e of Status &	d)
	IG ADDRESS: ion Section	STREET/COURIEI Registration Section	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>—</b>	operties, LLC					
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)				
The Articles of Organization for this Limited Liability  Florida document number		[1]11 :	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company here:					
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	" the designation "LLC"	or the abbreviation			
Enter new principal offices address, if applicable:		CRE	8 7			
(Principal office address MUST BE A STREET ADD	RESS)	ARY VSSE	6 =			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF STATE E FLORIDA				
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the na	ame of the new			
Name of New Registered Agent:		<del>-</del>				
New Registered Office Address:	Registered Office Address:  Enter Florida street address					
*************	, Florida					
	City	Zij	o 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** Kristin M. Mayfield 2318 Canter Ct. Tallahassee, FL 32308 MGRM Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of member

Kristin M. May field Jonathan May Field

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00