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COVER LETTER

Division of Co			
Mark Y Ed	twards Consulting, LLC		
Source.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Mark Y Edwards		
		Name of Person	
	Mark Y Edwards Consu	Iting, LLC	
		Firm/Company	
	PO Box 1969		
		Address	
	Clayton, GA 30525		
		City/State and Zip Code	
	mark.y.edwards@outlook	Com to be used for future annual report notific	
For further information of	concerning this matter, please co	•	ALLAHASSE TELE
Mark Y Edwards		407 766-0346 at ()	PSS III
Name o	f Person		Telephone Number 77
Enclosed is a check for the	he following amount:		<u>ية</u> ب م
■ \$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

Mark Y Edwards Consulting, 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 Liability Company were filed on August 16, 2011 and assigned Florida document number L11000093715 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mark Y Edwards, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2001 Glenridge Way #63 Enter new principal offices address, if applicable: Winter Park, FL 32792 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City ZiD 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

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Filing Fee: \$25.00