L11000123719

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

Office Use Only



900249284929

06/27/13--01010--004 **25.00

SECRETARY OF STATE

N. Outhean JUN 2 8 2013

COVER LETTER.

TO:,	Registration Section Division of Corpor		·	
SUBJE	сст: <u>EDG</u>	E International Name of Limit	Raily, LLC led Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Orial	Ben-Cal	
	-		Name of Person	.
	-	ED6E	Tatenapual healty	LLC
	-	172 S	MAN Ave Address	
	-	Miani	FL 33130 City/State and Zip Code	
	_	E-mail address: (to	ga De edge asset. Low	ion)
For fur	ther information conc	erning this matter, please ca		
	Oriah Name of Pe	Bescal	at (<u>355 707-707</u> Area Code & Dayrime To	6 Elephone Number
Enclos	ed is a check for the fo	ollowing 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**

FILED 2013 JUN 27 PM 3: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EDGE TAter National (Name of the Limited Liability Cor (A Florida Limit	Paily LLC npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comp	_
Florida document number <u>L11 000 (23 779</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	hability company here:
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(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 registered agent and/or the new registered office address	office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Up Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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 <u>Name</u> **Address** Type of Action Sugrez, Roberto, JR MGR 17.7 S MIANI Ne FL 33130 hum Hall, Damela 172 S MINNI Ave X Add MGR FL 33130 Remove

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary:)
. –	
_	
_	
d	6/25/13 , 2013
	- The Beneal
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 2 of 2

Filing Fee: \$25.00

FILED
2013 JUN 27 PM 3 42
SECRETARY OF STATE