

L13000015656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

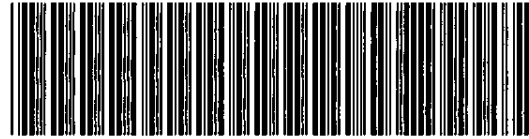
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB -8 PM 1:41

FEB 11 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EDPT 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:

**PATRICK KILKENNY**

Name of Person

**EDPT LLC**

Firm/Company

**2010 ALTA MEADOW LANE 208**

Address

**DELRAY BEACH FLORIDA 33444**

City/State and Zip Code

**PKJ42DAY@COMCAST.NET**

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

For further information concerning this matter, please call:

**PATRICK KILKENNY**

Name of Person

**561 251-9487**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
STATE CLERK OF STATE  
CLERK OF ORGANIZATIONS  
13 FEB -8 PM 1:41

EDPT 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 JANUARY 30 2013 and assigned  
Florida document number L13000015656.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2010 ALTA MEADOW LANE 208

DELRAY BEACH FLORIDA 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2010 ALTA MEADOW LANE 208

DELRAY BEACH FLORIDA 33444

**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:

PATRICK KILKENNY

New Registered Office Address:

2010 ALTA MEADOW LANE 208

*Enter Florida street address*

DELRAY BEACH

, Florida 33444

*City*

*Zip 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.*

*Patrick T. Kilkenny*  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD GORVETZIAN	3317 NW 10 TERRACE, STE 105	<input type="checkbox"/> Add
		FORT LAUDERDALE FLORIDA 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 OFFICE OF THE  
 CLERK OF THE  
 SUPERIOR COURT  
 STATE OF FLORIDA  
 JUDGE: [illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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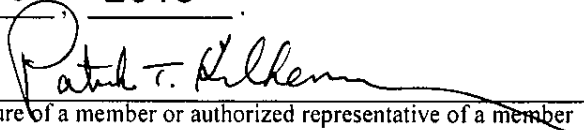
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Dated FEBRUARY 04 2013



Signature of a member or authorized representative of a member

**PATRICK KILKENNY**

Typed or printed name of signee

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Filing Fee: \$25.00

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