

L130000048143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

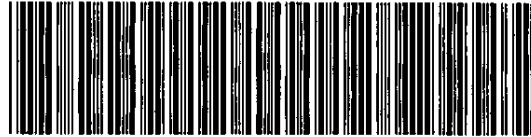
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16 AUG 26 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FL 32302

AUG 29 2016
J. HARRIS

STUDENBERG LAW

Ganon J. Studenberg, J.D., LL.M., AEP®
Anne J. McPhee, J.D., LL.M.
Master of Laws in Estate Planning, Accredited Estate Planner®, AV Rated®

August 24, 2016

Via U.S. Mail

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

Re: Edrene & Associates International Consulting, LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization for the above referenced Limited Liability Company and our check in the amount of \$30.00 to cover your filing fee.

Please return all correspondence concerning this matter to the address listed below.

Thank you for your assistance in this matter. Should you have any questions, please contact me directly.

Very truly yours,



ANNE J. MCPHEE

AJM/bw
Encls: as stated
cc: Sylvia Correnti via E-mail

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDRENE & ASSOCIATES INTERNATIONAL CONSULTING, 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:

Anne J. McPhee, Esq.

Name of Person

Studenberg Law

Firm/Company

1119 Palmetto Avenue

Address

Melbourne, FL 32901

City/State and Zip Code

info@studenberglaw.com

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

For further information concerning this matter, please call:

Anne J. McPhee

321 722-2420
at ()

Name of Person

Area Code

Daytime 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)

☐ \$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**

EDRENE & ASSOCIATES INTERNATIONAL 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 04/02/2013 and assigned Florida document number L13000048143.

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 contain 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)

1697 D Highway A1A

Satellite Beach, FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 372396

Satellite Beach, FL 32937

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:

Sylvia Correnti

New Registered Office Address:

1697 D Highway A1A

Enter Florida street address

Satellite Beach, FL

, Florida

City

32937

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 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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sylvia Correnti	1697 D Highway A1A	<input checked="" type="checkbox"/> Add
		Satellite Beach, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Joseph A. Correnti	1697 D Highway A1A	<input type="checkbox"/> Add
		Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-11-2010 BY 1040

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 8-19, 2016

Signature of a member or authorized representative of a member

Sylvia Correnti

Typed or printed name of signee

Filing Fee: \$25.00

SECRET
16 AUG 26 PM 1:25
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-26-2010 BY 60322
UCBAW