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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AND ANALYSIS OF STATE

MAY 1/2016 J. HARRIS

COVER LETTER

| Division of Corpor | | | | |
|--------------------------------------|---|---|---------------|--|
| SUBJECT: ED | AGLOM, L Name of Limi | LC | | |
| | Name of Limi | ited Liability Company | | |
| | | | | |
| The enclosed Articles of Ame | endment and fee(s) are subt | mitted for filing. | | |
| Please return all corresponde | nce concerning this matter t | to the following: | | |
| | | | | |
| _ | 511 | MON CHOC Name of Person | RON | |
| | | Name of Person | | |
| | E | Firm/Company | <i>C</i> | |
| | | Firm/Company | | |
| | 20900 NE | 30th. Ave. | suite à | 20 0 |
| • | | Address | | |
| | AVENTURA | F 33/80 City/State and Zip Code | | |
| • | | City/State and Zip Code | | |
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| The Coulom in Comment in the country | | | ерон пошкеаци | <u>n)</u> |
| For further information conce | - | и: | | |
| SIMON CH | OCRON | at (786) | 554.9 | 9.77 |
| Name of Person | | Area Code | Daytime Tele | phone Number |
| | | | | |
| Enclosed is a check for the fo | _ | | | |
| \$25.00 Filing Fee | 330.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc.) | | ☐ \$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

| EDAGLO | M, LLC | |
|---|--|------------------------------|
| (Name of the Limited Liabilit (A Florida | y Company as it now appears on our records Limited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability Co Florida document number | | 3 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company." the designation "LLC" | or the abbreviation "L.L.C." |
| | are many company, and avoignation and | Als 6 |
| Enter new principal offices address, if applicable: | | - = = 1 |
| (Principal office address MUST BE A STREET ADDR | ESS) | - Carlotte |
| | | SZ 0 1 |
| | | |
| | | 70 = 0 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or regist | ered office address on our records | , enter the name of the new |
| registered agent and/or the new registered office addr | <u>ess here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | 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 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> | Address | Type of Action |
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| Effective | e date, if oth | er than the d | ate of filin | ıg: | | *** | (op | tional) | |
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Filing Fee: \$25.00