

L140000 75018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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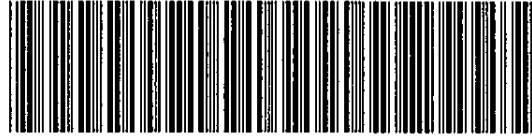
(Business Entity Name)

(Document Number)

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15 AUG 17 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDMONDS PRIMARY MANAGEMENT, 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:

JAMES EDMONDS, III LIVING TRUST

Name of Person

JAMES EDMONDS, III LIVING TRUST

Firm/Company

12412 SAN JOSE BLVD. SUITE 303

Address

JACKSONVILLE, FL 32223

City/State and Zip Code

jedmonds3@hotmail.com

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

For further information concerning this matter, please call:

STEPHEN L. EDMONDS SR.

904 424-0668
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**

EDMONDS PRIMARY MANAGEMENT, 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 05/13/2014 and assigned
Florida document number L14000078018.

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:

12412 SAN JOSE BLVD. SUITE 303

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32223

Enter new mailing address, if applicable:

12412 SAN JOSE BLVD. SUITE 303

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32223

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

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>
AMBR	JAMES EDMONDS III LIVING T		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		12412 SAN JOSE BLVD. STE 303	<input checked="" type="checkbox"/> Change
AMBR	STEPHEN L. EDMONDS SR.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		12412 SAN JOSE BLVD. STE 303	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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SECRETARY OF S
TALLAHASSEE, FL

15 AUG 17 PM 2:48
SECRETARY OF STATE
WASHINGTON, D.C. 20520

E. Effective date, if other than the date of filing: 07/20/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated AUGUST 13 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMES EDMONDS III, TRUSTEE

Typed or printed name of signee