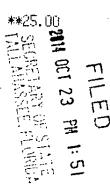
# <u>L1400127410</u>

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PICK-UP	☐ WAIT	MAIL
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# COVER LETTER,

Division of Corporations
SUBJECT: ED12 ENTERPRISE, 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:
Delgado, Luis J Name of Person
Firm/Company
14359 Niramar Parkway \$290
Miramar, FL 33027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delgado, luis T at 305 807.5856  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

MAILING ADDRESS:

'ГО:

**Registration Section** 

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

2014 OCT 23 PN 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EDIZ ENTERPRISE, "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 8/12/2014 Florida document number L14000127410.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
FDID ENTERPRISE, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the analysis of the second	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	***************************************
B. If amending the registered agent and/or registered office address on our records, enter	the name of the nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	<del></del>
, Florida	
City 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Delgado, Zoraya	14359 Hiramor Parkwa	\$290 ↓ □ Add
		Miramar, FL 33027	Remove
AMBR	Delgado, Zoraya	14359 Hiramar Porkway #	 <b>290</b>
		Miramar, FL 33027	
AMBR	Delgado, Luis J	14359 Miramar Parkway #2	 290 <b>=</b> Add
	<b>J</b> ,	Miramar, FL 33027	
			□ Add
			Remove
			□ Add
			□ Remove
			□ Add
<del>-</del>			□ Remove

f amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
	· · .
	(optional) 0 days after
Dated Dctober 22, 2014.	
1 200/11/1	
Sanatura of a member or authorized representative of a member	
orginature dra member of authorized representative or a member	
•	Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State)  Dated Dctober 27 , 2014  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2114 OCT 23 PH 1:5