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# **COVER LETTER**

Division of Corporations
SUBJECT: Earthdonce Florida UC
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:
Belinda Pettinato Name of Person
Famone Florida
Main St. Slite 301
Sousta, Fig. 34236  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Political Rettriction at 941 374-1723  Name of Person Area Code Daytime Telephone Number
Table State Pelestre Name Companie Name Comp
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  \$30.00 Filing Fee Scriffied Copy (additional copy is enclosed)  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

Each Cinc	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L	
Florida document number	3135945 Fr > 1
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the venture of the principal offices address, if applications of the principal office address MUST BE A STREE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, enter the name of the new ffice address here:
Name of New Registered Agent:	Belinda Pettinato
New Registered Office Address:	Min St. Suite 301  Enter Florida street address
	Sarasta, Florida 3723 (o

### 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> Name <u>Address</u> **Type of Action** 1718 MAIN St. Controlled Chaos □ Add Productions UC Suite 301 Remove MOR Belinda ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change

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Filing Fee: \$25.00