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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT:	deo Real	EstAto, UC		
	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	W. Ferry	Fdw + v d S Name of Person		<i>S</i>
	Éda Re	6.1 EState LCC Firm/Company	·	
	2901 Pin	e. VAlley DY		
	Mirtmar	Betch City/Stare and Zip Code City/Stare and Zip Code To be used for future annual report would	32550	
	tedwa E-mail address: (t	to be used for future annual report would	ndil. com fication)	
For further information co	oncerning this matter, please ca	all:	(r.	20
W, Ferry Name of	Floring	City/Stafe and Zip Code To S 983/ D) GV to be used for future annual report Notificall: at (90/) 335 Area Code Daytime	TOGOG AND TO THE PROPERTY OF T	021 OCT 15
Enclosed is a check for th	e following amount:		हिन्द जा जा	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee; Certificate of Status Certified Copy (additional copy is enclo	$^{\circ}_{*}$

 $\hat{\boldsymbol{r}} = \frac{1}{2} \left(\hat{\boldsymbol{r}} - \hat{\boldsymbol{r}} \right) = \hat{\boldsymbol{r}} \cdot \hat{\boldsymbol{r}}$

TO:

Registration Section
Division of Corporations

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDCO REAL ESTATE, LLC

LDCO KLAL LSTATE, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Fiorida Elimited Eli	ionity Company)	
ne Articles of Organization for this Limited Liability Company w	rere filed on 12/03/2015	and assigned
orida document number 1.15000202099		
ortia document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabili	ty company here:	
Thankellung name, enter the new name of the named name	ti company nerc.	
e new name must be distinguishable and contain the words "Limited Liability	"Company" the decionation "I ("" or	the abbreviation "LLC"
t new hance must be distinguishable and contain the words. Emmed Liability	Company, the designation 1520 of	the above viation (b. 6.6.6)
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OF FICE BOX)		
tuning dadress BIAT BE A FOST OF FICE BOAT		·-····································
If amending the registered agent and/or registered office ad	Idease an our ragards antar the	name of the new regict
it amending the registered agent and/or registered office adent and/or the new registered office address here:	idress on our records, enter the	maine of the new regist
		(n 8)
Name of New Registered Agent:		2021 OC:
Name of New Registered Agent.		F 8 7
New Registered Office Address:		
	Enter Florida street address	. γ
	Floric	da Zip Gode
	City	Zip Gode and
ew Registered Agent's Signature, if changing Registered Agent:		년 년 년
nereby accept the appointment as registered agent and agree	e to act in this capacity. I firstly	er garge to comply with

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 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

Title	<u>Name</u>		Address				Type of Action
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effective date is e: If the date i	listed, the date nserted in th	e must be specific and	meet the applicable	ite of filing or m	rore than 90 days after	ional) r filing.) Pursuant to 605. is date will not be liste
ord specifies a filed.	delayed eff	ective date, but no	t an effective time,	at 12:01 a.m.	on the earlier of: (1	b) The 90th day after
x oct	12		ewal member or authorize			
	,	- 6	0			