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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2 THE EDGE LLC

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	•	COVER LETTER
	Registration Secti Division of Corpo	
SUBJEC	2 THE EDGE	LLC
SCBJEC	.1:	Name of Limited Liability Company
The enclo	osed Articles of Ar	nendment and fee(s) are submitted for filing.
Please re	tum all correspond	ence concerning this matter to the following:
		PETER L. BLACKLOCK, ESQ.
	•	Name of Person
	٠.	FOX ROTHSCHILD LLP
•	· . ·	Firm/Company
		222 LAKEVIEW AVE., SUITE 700
		Address C
		WEST PALM BEACH, FLORIDA 33401  City/State and Zip Code
		رسورت دامار
		PBlacklock@foxrothschild.com
•		E-mail address: (to be used for future annual report notification)
For further	er information con	corning this matter, please call:
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Enclosed	is a check for the	ollowing amount:
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Fax Audit #H16000183261 3

2 THE EDGE LLC	•	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compart Florida document number	ny were filed on 12/09/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		iation "L.L.C."
Enter now mailing address if applicables	403 SEABREEZE AVE.	SEURE FALLAI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH, FLORIDA 33480	L 29
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the</u> ere:	name of the new 10 A
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171 anida	

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

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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	
MGR	CARLENE P. SANTOS	PO BOX 2937		
· .		PALM BEACH, FL 33480	Remove .	
			Change	
MGR	LORI A. MCKEE	1201 US HWY, ONE	■ Add	
		SUITE 240	CRemove	
		NORTH PALM BEACH, FL 33408	16 Change Tr	
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Dated	.8 2016		
400 700 1 5 77	W.		
***	Signature of a member of authorized representative	el a memba	
P	eter L. Blackluck, Esq., authorized representative of a member		
•	Typed or printed name of signee	Control of the second s	

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