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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Edinarcos Events & Services  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:
Edinarcos Silva Name of Person
Name of Person
Edimarcas Events & Servicas Firm/Company
FunvConpany
8095 cedar Hollow Cr.
Bara Ration FC 33433 City/State and Zip Code
, , , , , , , , , , , , , , , , , , , ,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Faiwarco Silva at (561) 856 - 9198  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \)  \[ \text{Solutions for Status} \]  \[ \text{Solutions for Status} \]  \[ \text{Solutions for Status} \]  \[ \text{Certified Copy} \]  \( \text{(additional copy is enclosed)} \]  \[ \text{Certified Copy} \]  \( \text{(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

Edinarcos E	Events	s & Serv	ices i	((0) 3	71
(Name of the Limited L (A)	Jability Compan Jonda Limited Li	y as it now appears ability Company)	on our records.)	OF CH	
The Articles of Organization for this Limited Liabil	• •	vere filed on 🔼	1/29/2016	ONISION OF CAMP OF THOMS	Signed O
This amendment is submitted to amend the following	ng:			ZHOIL Z	ຸ <b>ິ</b> ວ
A. If amending name, enter the new name of the	e limited liabil	ity company her			
NA				$\sum_{i}$	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the des	signation "LLC" or	the abbreviation "I	.lC."
Enter new principal offices address, if applicable	<b>:</b> :				
(Principal office address MUST BE A STREET A	DDRESS)	<u></u>		<u> </u>	
				770	
Enter new mailing address, if applicable:		8095	Cedar	Hallow	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	_Boca	Raton 1	FL 3343	33
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	address here:	ce address on			of the new
New Registered Office Address:	8095	CPC Enter Florid	Hollow la street address	<u> </u>	
	Poca P	City	, Florid	8 <u>3343</u> Zip Code	3

## 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

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