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DIVISION OF CORPORATION

N COOPER JUN 1 5 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EAD FL, 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:
Frank Spremulli Name of Person
EAD FL LCC Firm/Company
3006 Plaza Terrace Dr. Address
City/State and Zip Code FCS Premulti@ 5 mail. Com- E-mail address: (to be used for future annual report notification)
City/State and Zip Code
TCS DI EMULLI (a), 5MG11, Com-
For further information concerning this matter, please call:
Fronk C Spremulli at 321, 663-6328
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified 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

EAD FL, L	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16 000061818</u>	, , , , , , , , , , , , , , , , , , , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	N 14 PM 2: 24
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent: New Registered Office Address:	WA	
	Enter Florida street address	·
	, Florida _	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 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 Name **Address Type of Action** Steven Mills 50 EAST Central Blud DANG MGR Orlando, FL 32801 XRemove _□ Change □ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change ☐ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _ Add ☐ Remove _□ Change

			
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