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COVER LETTER

TO: Registration S Division of Co			
	S DIVERSIFIED SERVICES I	L.L.C	
SUBJECT:	Name of Lim	nited Liability Company	_
The analoged Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	RICHARD EDWARDS		
		Name of Person	_
	EDWARDS DIVERSIFIE	D SERVICES L.L.C	p Code oM rannual report notification) 409-1053 Daytime Telephone Number Daytime Telephone Number S60.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed) treet Address: tegistration Section Division of Corporations The Centre of Tallahassee
		Address City/State and Zip Code ARD@GMAIL.COM To be used for future annual report notification) call: 355.00 Filing Fee & Certified Copy (additional copy is enclosed) City Status & Certified Copy (additional copy is enclosed)	
	6121 MISSON DRIVE		
		Address	
	ORLANDO, FL 32810		
		City/State and Zip Code	
	EDWARDSHUGH.RICHA	-	
		·	
For further information	concerning this matter, please c	rall:	
RICHARD EDWARDS		at ()	
Name	of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	ficate of Status & fied Copy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahassee	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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EDWARDS DIVERSIFIED SERVICES L.L.C

VERSIFIED SERVICES L.L.C

(Name of the Limited Liability Company as it now appears on our records. TALLAHASSEE, FI.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		were filed on 03/30/2016	and assigned
Florida document number L16000063233	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	oility company here:	
NA			
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:		6121 MISSON DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ΒΟΧ)</u>	ORLANDO, FL 32810	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	ida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u> </u>	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RICHARD EDWARDS	6121 MISSON DRIVE	□Add
		ORLANDO, FL 32810	_
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			Remove
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ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	l in this block does i	not meet the app	licable statutory fi	(opt r more than 90 days afte ling requirements, th	ional) er filing.) Pursuant to is date will not be	605.0207 (i listed as tl
record specifies a delayed is filed.	ed effective date, bu	t not an effective	e time, at 12:01 a.i	m. on the earlier of: (b) The 90th day :	ifter the
JULY 19	<u> </u>	2022				
	JAn X -	AC Inc	Y 0			_
	Signature	of a member or at	thorized representa-	ive of a member		

Filing Fee: \$25.00