

Division of Corporations

Page 1 of 2

L160001325817

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP
Account Number : I20130000024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

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Email Address: PBlacklock@foxrothschild.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EDGE UNIT 411, LLC**

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #H16000183319 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDGE UNIT 411, 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:

PETER L. BLACKLOCK, ESQ.

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

222 LAKEVIEW AVE., SUITE 700

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

PBlacklock@foxrothschild.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA

at (305) 442-6544

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

Fax Audit #H16000183319 3

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

Fax Audit #H16000183319 3

EDGE UNIT 411, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/14/2016 and assigned
Florida document number L16000132587

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)403 SEABREEZE AVE.PALM BEACH, FLORIDA 33480**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street addressFloridaCityZip 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLENE P. SANTOS	PO BOX 2937	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LORI A. MCKEE	1201 US HWY. ONE	<input checked="" type="checkbox"/> Add
		SUITE 240	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


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F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated July 28 2016



Signature of a member or authorized representative of a member

Peter L. Blacklock, Esq., authorized representative of a member

Typed or printed name of signer