116000162875

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COVER LETTER

TO:		istration Sec ision of Corp		·	•
CIII	BJECT:	The Edge Re	ecovery, LLC		
SUL	MEC1:		Name of Lim	ited Liability Company	
The	enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Plea	se return	all correspor	ndence concerning this matter	to the following:	
			Evan Kaiser		
				Name of Person	
			The Edge Recovery, LLC		
				Firm/Company	
		10790 Haydn Drive			
				Address	
			Boca Raton, FL 33498		
				City/State and Zip Code	
			evankaiser60@gmail.com		otification) ime Telephone Number Securificate of Status & Certificate Copy (additional copy is enclosed)
			E-mail address: (to be used for future annual report no	tification)
For	further ir	nformation co	ncerning this matter, please ca	all;	
Eva	n Kaiser			561 674-2696 at ()	
		Name of	Person	Area Code Daytin	ne Telephone Number
Encl	losed is a	check for the	c following amount:		
	\$2 5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

FI	LED
כ עטווייי	,
SEURETARY ALLAHASSEL	OF ST.
.0321	FLORIDA

The Edge Recovery, LLC

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

(Tribina Zillino)	Duomy Company)	LORID
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{L16000162875}{L16000162875}$.	y were filed on August 30, 2016	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3000 NW 101 Lane	
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33065	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3000 NW 101 Lane Coral Springs, FL 33065	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: Heriberto E. M.	<u>re</u> :	ds, enter the name of the n
2000 NW 101	Lane	.
New Registered Office Address: 3000 NW 101	Enter Florida street addr	ess
Coral Springs		22045
Colai Dringa	T	Florida 33065

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

Page 1 of 3

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	Heriberto E. Martinez	3000 NW 101 Lane	
		Coral Springs, FL 33065	☐ Remove
			☐ Change
MGR	Jude Prisco	10790 Haynd Drive	
		Boca Raton, FL 33498	■ Remove
			☐ Change
			∩ ∧dd
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vn efi ote:	ive date, if other than the date of filing: November 18, 2016 (optional) fective 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ited	November 18 2016
iicu	O_{A} , O
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00