116000193803

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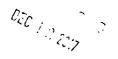
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COVER LETTER

TÓ: Registration Se Division of Cor			·
AED Cons	alting Services, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter i	to the following:	
	Winter V. Zeiler		
		Name of Person	
	AED Consulting Services,	LLC	
	44 4-1-1-1-1	Firm/Company	
	7548 S. US Highway 1, #1:	56,	
		Address	
	Port Saint Lucie, FL 34983		
	winter@aedconsulting.net	City/State and Zip Code	
	E-mail address. (1	to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	nill:	
Winter Zeiler		303 912-8247	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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, F1, 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

AED CONSULTING SERVICES		
(Name of the Lin	ited Liability Company as it now app (A Florida Limited Liability Compan	icars on our records.) y)
The Articles of Organization for this Limited Torida document number L16000193803		10/20/2016 and assigned
his amendment is submitted to amend the fo	Howing:	
a. If amending name, enter the new name	of the limited liability company	here:
ne new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		 ,
Mailing address MAY BE A POST OFFICE	<u> </u>	
	····	
If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the
New Registered Office Address:	477 NE Midvale Street	
New Registered Office Address:	Enter i	Florida street address
	Port Saint Lucie	Florida
	City	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

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>	Name	Address	Type of Action
MGR	JEFFREY P. ZEILER	7548 S. US HIGHWAY 1, #156	
		Port Saint Lucie. Fl. 34952	≡ Remove
	·		Change
MGR	WINTER V. ZEILER	7548 S. US HIGHWAY 1, #156	
		Port Saint Lucie, FL 34952	☐ Remove
			■ Chânge
		***************************************	Add
			☐ Remove
			☐ Change
			□ Remove
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		•	□ Add
			☐ Remove
			☐ Change

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific an lock does not:	nd cannot be prio meet the appli	r to date of filing cable statutory		s after filing.) Pu	
ne record specifies a delayed The 90th day after the rec			ot an effectiv	e time, at 12	:01 a.m. on	the earlier of
Dated NOVEMBER 30TH		2017	·			
// m	1' /)				
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Typed or printed name of signee

Filing Fee: \$25.00