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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration S Division of Co					
SUBJECT: <u>To</u>		eduno LLC.			
		, ,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	José A	C. GAIRDICAD Name of Person			
	_ A Level	Set			
		Firm/Company			
	836 CAT	FISH Creek Rd		~	
				255 SEC 610	
	LAKE PK	City/State and Zip Code © GM171 L, Com to be used for future annual report notif	2	SECRETAR VALLAHASS	API
		City/State and Zip Code		28 ASS	PROPRIE
	Gwedoz	@ gmail, com		F 9 7	
			ication)	1 2: 5 FI OX	<u></u>
For further information	concerning this matter, please co	all:		전 전 전 전 전 전 전 전 전 전 ((((((((((
JOSE L	- GARDUNO	at (<u>239</u>) <u>633</u> . Area Code Daytime	3028		
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	2530.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified :	e of Status &	
MAII	ANG ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

900	ROUNO LLC.
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u></u>	y Company were filed on $5-15-2017$ and assigned 4388
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	APPRO FILL APPRO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the pame of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 ditties, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	MATTHEW L. GARDUNO	245 HAMMARKAVE LAKE Placid FL 33852	[# Add
			🗆 Remove
			Change
MGR	Stuart Leslie	3048 Desoto Rd Sebring FL 33870	🗖 Add
			Remove
			Change
		ALL MIASS	Add APPROVEU AND PH
			PA DEAdd
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	ord specifie 90th day af				not an effe	ctive time,	at 12:01 a	.m. on the	earlier o
Dated _	1-25	2019		. 7	<u>.</u>				
		4.	in 55 Signature of:	Sou Ce	thorized repre	sentative of a r	rember		_
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Page 3 of 3

Filing Fee: \$25.00