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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER

Account Number : I20090000078 Phone : (561)801-7312

Fax Number : (561)515-3904

\*\*Enter the email address for this business Entity to be used for future annual report mailings. Enter only, one email address please.\*\*

Email Address: PKrasker @ Kraskerlaw. om

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAKOTA WEALTH, LLC

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TO: Registration Section Division of Corporations DAKOTA WEALTH, LLC SUBJECT: 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:

	Name of	f Person		
	THE LAW OFFICE OF PAUL A. KRAS	SKER, P.A.		
	Firm/Co	ompany	•	
	1615 FORUM PLACE, 5TH FLOOR	* C*		
	· Addr	ress	<del></del>	
	WEST PALM BEACH, FL 33401	···		
	City/State and Zip Code			
:	pkrasker@kraskerlaw.com	3 727, 141, 113		
	E-mail address: (to be used for fu	uture annual eport notification)		
or further information	concerning this matter, please call:			
ANDREA MURPHY	56 at (	51 515-4722		
N1.		a Code Daytime Telephone N	umber	

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**MAILING ADDRESS:** Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

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STREE COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$60.00 Filing Fee,

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(additional copy is enclosed)

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04/25/2018 11:03

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.003/005 M 180001300563

Zip Code

DAKOTA WEALTH, LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ocords.
The Articles of Organization for this Limited Liability Compar		were filed on 4/27/2017	and assigned
Florida document number L17000094187		ंद <b>ा</b>	
This amendment is submitted to amend the folk	owing:	g	
. If amending name, enter the new name of	the limited liab	oility company here:	
EDGEHILL, LLC		(34)	
he new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	
nter new principal offices address, if applic	able:	NA .	
Principal office address MUST BE A STREET ADD			70
		<del></del> -	No.
nter new mailing address, if applicable:		NA	The state of the s
Mailing address MAY BE A POST OFFICE BOX)			74
			7.4
		ai -	
<ol> <li>If amending the registered agent and/ egistered agent and/or the new registered of</li> </ol>			cords, enter the name of the n
Name of New Registered Agent:	NA	1.	
Trante of Irom Kegistered Agent.			
New Registered Office Address:		Enter Florida street a	advess
		Enter Proritid Street a	CEA 523
			Florida

## 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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entitle the best (FAX) P.004/005 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H180001300563 MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address . Type of Action \_□ Add □ Remove □ Change □ Add □ Remove , 71 ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change D Add

Page 2 of 3

□ Remove

□ Change

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