## L17000103096

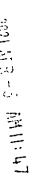
(Requestor's Name)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ediekadi	ed Misfit	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record i Limited Liability Company)	<u>(N.</u> )
The Articles of Organization for this Limited Liability C		
Florida document number	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  GUANS  The new name must be distinguishable and contain the words It im  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	Complify Company," the designation "LLC	LLC " or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		• •
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	·
	, Fl	orida

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

May 25, 2021

CURTIS EVANS 2354 RALEIGH ST. HOLLYWOOD, FL 33020

SUBJECT: EDJEKADED MISFIT LLC

Ref. Number: L17000103096

We have received your document for EDJEKADED MISFIT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 021A00011171

2021 JUN -7 PM 3: 14

## COVER LETTER

Division of Cor		•	
SUBJECT:	Edjeka(	Led Misfit ted Liability Company	
The analogue Articles of	Amendment and fec(s) are subt	nitted for filing	
fease return all correspo	ndence concerning this matter t	to the following:	
	CUA	Mic Jamal Eva	<u>n</u>
	Former	Name of Person	
		Jekaded Mistit (	_Evans Dispatching 3 (emplian Services)
		Raleigh St A	
	Holl	JWCCO FL 33620 City State and Zip Code	
	E-mail address: (t	o be used for funde annual report nout	ication)
For further information co	oncerning this matter, please co	ilł:	
Curtis	Evans	at ( <u>954</u> ) <u>815</u> Area Code Daytime	-043
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ 825.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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lt'un eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fi	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	MAY 28  Cuts 8.2  Signature of a member or authorized representative of a member  Custis Evans

Typed or printed name of signee