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COVER LETTER

Division of Corporations	
SUBJECT: Edyb Enterprise LLC	
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:	
Eylen Godoy Name of Person	
Edub Enterprise LLC	
7801 NE 4th Ct Apt 317	
Miami Fl 33138 ====	2017
City/State and Zip Code Cdub cnterprise@gmail • Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7011 AUG 16 P 4: 13
EYI-CODOY Name of Person at (212) 991-8102 37 Area Code Daytime Telephone Number	<u>. </u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

Registration Section

TO:

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

<u>Edub Enterpr</u>				
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our re lorida Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liabil Florida document number L 170011278		2017 and assigned		
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:		2011 AUG 15 SELIGE DAG SELIGE DAG		
(Mailing address MAY BE A POST OFFICE BO)	x)			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec address here:	cords, effer the name of the new		
Name of New Registered Agent:	-			
New Registered Office Address:				
 	Enter Florida street a	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 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

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 Type of Action <u>Title</u> <u>Name</u> **Address** 7801 NE 4th Ct 317 <u>AMB</u>R Ernesto Davila Miami Fi 33138 □ Remove ☐ Change □ Add □ Remove □ Change □ Add **≌**□ Remove _B ∧dd Remove ☐ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

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