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DEC 19 2MY J. HARRIS

COVER LETTER

Division of Cor	porations		
SUBJECT: Fdg6	Pwater Floo	r Store LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James Ha	Name of Person	
	Edgewater J	LOVE Store U	C
	2119 S R	age wood Ave	
	Edgewater	- F1 32141	
	laguatoria	City/State and Zip Code Style Domai o be used for funde annual report notifical	Com tion)
For further information co	oncerning this matter, please ca	ill:	
James Har	Sen Jr Person	at (386) 314 - 8 Area Code Daytime Te	U33
Englosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

MAILING ADDRESS: 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

Edge Water Dio Store LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Company were filed on $8/23/19$. Florida document number $L1700089$.	and	d assigi	ned
This amendment is submitted to amend the following:			
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 ab	breviatio	in "L.LC	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0.50 13	e .
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the na	्र cn me*fof	the new
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
Florida	7in C	Po do	

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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle M Dawson	919 Lake Due	
		919 Lake Due Edgewater F1 32141	Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
	-		D Add
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			Remove
			Change
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			□ Chango

ve date, if other than the date of filing: 2/23/2017 (optional) certive date is listed, the date must be specific and cannot be prior id date of filing or more than 90 days after filing.) Pursuant to fil the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lent's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed. 12 - 14 - 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18	Only romove manager	
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Filing Fee: \$25.00