## 1/7000259381

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(F	Requestor's Name)
ř	Address)
F	Address)
PICK-UP	City/State/Zip/Phone #)  WAIT MAIL
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	Business Entity Name)
(	Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	p Filing Officer:
	Office Hee Only



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EGRETARY OF STATE

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EDM & APP CONSULTING LLC

(A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 12/20/201	7 and assigned
Florida document number L17000259381	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
'rincipal office address MUST BE A STREET ADD	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our re	ecords, enter the name of the new
The state of the s	i csa nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
i		
	City	, Florida
New Registered Agent's Signature, If changing Registered	d Agent:	·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duti zent as provided for in Chanter	es, and I am familiar with and 605 F.S. Or if this document is

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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	HELENE LAMARQUE	PO BOX 331917	
		MIAMI FLORIDA 33233	Remove
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D. If ame	ending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effecti	ive date,	of other than the date of filing: (optional)
(if an eff	ective date	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)/b)
Note:	If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records.
docum	ciii s ciiec	tive date on the Department of State's records.
f the rec	ord spe	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
b) The	90th da	y after the record is filed.
Dated	FEBRUA	RY 21 2018
Duica .		
	$\Omega$	
	<b></b> ₩	Signature of a member or authorized representative of a member
	PIER	RE-HENRY DUFETEL
		Typed or printed name of signee
		1) pool of printed regime of signed