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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	EDIT LLC	ited Liability Company	<u></u> _
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>C</u> TASP	AR J HECHAVA	RRIA
	ED1	Firm/Company	
	13215	SW 253 T	E-RR
	- HOMES	City/State and Zip Code LC 3 0 9 MAYL. Coto be used for future annual report notifi	3032
	E-mail address: (LC 3 0 9 MAIL. Co	or o
For further information co	oncerning this matter, please ca	all:	
CTASPAR H	FCHAVARLIA Person	at (<u>786</u>) <u>728</u> Area Code Daytime	- 45 98 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

EDITLLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	i <mark>y as it now appears on our :</mark> lability Company)	records.)
The Articles of Organization for this Limited Liability Company v	were filed on JANUA	NY 8 2018 and assigned
Florida document number <u>L 1 8 0 0 0 0 6 2 6 7</u> .		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company. The designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· .
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		.5
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		cords, <u>enter the name of the o</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	Cuv	Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VETTE HECHAVARAIA	13215 SW 253 Terr	E Add
		HOLLESTEAD FL 3303	<u>C</u> □ Remove
			Change
MGTR	CTASPAR THECHAUMEIN	13215 SW 253 TEN	2_10 Add
		HOMESTRAD FL 33032	?□ Remove
		 شاه	☐ Change
			<u>₹.</u> □ Add
			v □ Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or i te: If the date inserted in this block does not meet the applicable statutory filin nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
ed DECEMBER 3 . 2018.	1
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Filing Fee: \$25.00