118/10/13218

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| • | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| , | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

D. BRUCE JUL 28 2018

COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|----------------|------------------------------------|---|---|------------------|-----------------------------------|----|
| SUBJE | | HOLDINGS LLC | | | | |
| зовје | CI | Name of Lim | ited Liability Company | | | |
| | | Amendment and fee(s) are sub | <u>-</u> | | | |
| | | MARSHA SIHA | | | | |
| Name of Person | | | | | - | |
| | | INCFILE.COM LLC | | | | |
| Firm/Company | | | | | - | |
| | 17350 STATE HWY 249 STE 220 | | | | | |
| | | | Address | · | | |
| | | HOUSTON, TX 77064 | | | SEC: | 70 |
| | • | EFILE1234@INCIFLE.CO | | | JUL 23 | |
| For furt | her information c | E-mail address: (oncerning this matter, please ca | to be used for future annual report notifiall: | ication) | PH 4: 42 OF STATE E FLORIDA | |
| MARS | HA SIHA | | 888 462-3453 | | A 2 | |
| | Name o | f Person | | Telephone Number | | |
| Enclose | d is a check for th | ne following amount: | | | | |
| □ \$ 25 | .00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & | |
| | MAIL | ING ADDRESS: | STREET/COURIE | ER ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ED & ED HO | LDINGS LLC | |
|--|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000113218</u> | were filed on 05/04/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | ne 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | ter the name of the nev |
| Name of New Registered Agent: | | ZH JU |
| New Registered Office Address: | Enter Florida street address | 20 A A A A A A A A A A A A A A A A A A A |
| New Registered Agent's Signature, if changing Registered Agent: | , Florida , Florida | Riziptode |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office | performance of my duties, and La provided for in Chapter 605, F.S. | un familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|----------------------|----------------|
| AMBR | WYNWOOD CALLING INC. | 22 N 6TH ST APT. 15K | |
| | | BROOKLYN, NY 11249 | □ Remove |
| | | | Change |
| AMBR | EDUARDO VARGAS | 22 N 6TH ST APT. 15K | |
| | | OOKLYN, NY 11249 | ■ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | ☐ Remove |
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| . Effective date, if other than t | he date of filing: | (optional) |
| (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the | he date of filing: must be specific and cannot be prior to date of filing or a block does not meet the applicable statutory fili. Department of State's records. | more than 90 days after filing.) Pursuant to 605.0207 (, ng requirements, this date will not be listed as the |
| the record specifies a delay The 90th day after the r | red effective date, but not an effective ecord is filed. | time, at 12:01 a.m. on the earlier of: |
| Dated | 2018 | |
| | Eduardo Magas Signature of a member or authorized peresentative | |
| | Signature of a member or authorized representative | re of a member |

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00