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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edge Wealth Group, 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:
Claudio Conte
Edge Wealth Group Firm/Company
2456 NE 5th Ave. Address
Boca Raton, FL 33431 City/State and Zip Code Claudic @ Clackmanagement. Co E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudio Corrite at (954) 673-5918 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

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 Weath Grow	up, LLC	
Exame of the Timited Figurity Col	mpany as it now appears on c ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing	any were filed on7/	1/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designa	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	:
-		
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		=
wanting address mili ming to on on the mong		কু
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	vet 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Tivoli	9811 SW 2nd St.	Add
		Plantation, FL 33324	☐ Remove
			☐ Change
MGR	Richard Fisher	520 NW 78th Ter.	d Add
		Plantation, FL 33324	□ Remove
			Change
		 	DAdd
			Remove
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			Remove
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tive date, if other than the date of filing:			(optional)	
ffective date is listed, the date must be specific and ca If the date inserted in this block does not med	annot be prior to date et the applicable str	of filing or more than itutory filing requir	90 days after filing	.) Pursuant to 605
ment's effective date on the Department of Sta				
ecord specifies a delayed effective dat	te but not an e	iffective time a	t 17:01 a.m.	on the earlie
e 90th day after the record is filed.	te, but not an e	medive time, a	t 12.01 8.m.	on the earne
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1 December 7th.	2018.	1	1	
1	ember or authorized for	// m/M		

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Filing Fee: \$25.00