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(Ře	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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JUL 10 7070 S. YOUNG



COVER LETTER

	on Section of Corporations			
	Edison Group LLC			
SUBJECT:	Name of Lit	mited Liability Company		
The enclosed Articl	les of Amendment and fee(s) are su	abmitted for filing.		
Please return all cor	rrespondence concerning this matte	er to the following:		
	Cedric Mitchell			
		Name of Person		
	The Edison Group			
		Firm/Company		
7319 Forest Mere Dr				
		Address		
	Riverview, FL 33578	Riverview, FL 33578		
		City/State and Zip Code		
	ced21mitch5@hotmail.c	com : (to be used for future annual report no	A14*	
For further informa	ri-mail address:	·	ancanon)	
Altelio Moragne		813 363-6975		
N	lame of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	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 (additional copy is enclosed)	
_	tion Section	Street Address: Registration S		
Division P.O. Box	of Corporations x 6327	Division of Co The Centre of	•	
	see, FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

A

ARTICLES OF AMENDMENT TO RTICLES OF ORGANIZATION OF	2020 JUN 15 AM 7:	
Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	. 0	,

(<u>Name of the Limited</u> (A	<u>Liability Compar</u> Florida Limited L	ny as it now appears on our records.) iability Company)	8
The Articles of Organization for this Limited Liab Florida document number		were filed on 1/8/19	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limitęd liabi	lity company here:	
The new name must be distinguishable and contain the word	Is "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address !		ddress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Flor	ida

New Registered Agent's Signature, if changing Registered Agent:

The Edison Group

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.

City

Zip Code

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
AMBR	Alfredo Moragne	3614 N. 18th St.	∃ Add
		Tampa, FL 33605	□Remove
			□Add
			□Remove
			Change
		-	
			□Remove
			□Change
			□Add
		·	□Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			□Change

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ective	date, if other than the date of filing: (optional)
	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
Ju	ne 10 2020 <b>n</b>
ted	
	Codrie Mitchell
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Cedric Mitchell

. . . .

Filing Fee: \$25.00