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(Re	equestor's Name)	
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COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:		EDA DETAILING S	SERVICES LLC		
			nited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
			JUAN HINCAPI	E	
			Name of Person		
		1	EDA DETAILING SE	ERVICES LLO	2
			Firm/Company		
			3110 NW 24TH V	VAY	
			Address		
			OAKLAND PARK.	FL 33309	
			City/State and Zip Code		
		F-mail address: t	edadetailingservices@c	mail.com	
For further i	nformation co	encerning this matter, please c		,	
	JUAN HIN	CAPIE	014	214 7465	
	Name of	Person	at (<u>914</u>) Area Code	314-7465 Daytime Telepho	one Number
Enclosed is	a check for the	e following amount:			
□ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S	-	Street Ad Registra	Idress:	
	vision of Co		•	of Corporation	ons
	D. Box 6327 Ilahassee, F			ntre of Tallahas Monroe Stree	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2029S -3 FM 12: 32

EDA DETAILING SE										
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)								
The Articles of Organization for this Limited Liability Company	were filed on	02/06/2019	_ and assigned							
Florida document numberL19000037915										
This amendment is submitted to amend the following:										
A. If amending name, enter the new name of the limited liabil	lity company he	re:								
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."							
Enter new principal offices address, if applicable:	3110 NW 24	TH WAY OAKLAND PA	RK FL, 33309							
(Principal office address MUST BE A STREET ADDRESS)										
	<u>.</u> .									
Enter new mailing address, if applicable:										
(Mailing address MAY BE A POST OFFICE BOX)		• • • • • • • • • • • • • • • • • • • •								
wantes mil ben i of the box										
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name (</u>	of the new registere							
Name of New Registered Agent:										
New Registered Office Address:										
	Enter Florida street address									
	City	, Florida	Zip Code							
New Registered Agent's Signature, if changing Registered Agent:	Ciry		rup Cour							
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of rovided for in C	my duties, and I am fan hapter 605, F.S. Or, if	niliar with and this document is							

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

2621SL -3 P112:32

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN HINCAPIE		□Add
			□Remove
		3110 NW 24TH WAY OAKLAND PARK FL, 3330	9 IXChange
SEC	ANA M HINCAPIE		_ 🗆 Add
		1 <u>4517 SW 9TH ST MIAMI, FL 33184</u>	_ [XRemove
			_ □Change
SEC	REINEL HINCAPIE	9534 WORSWICK CT, WELLINGTON FL, 33414	4 XIAdd
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			□Add
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<u>iote:</u> If th	ne date inse s effective	rted in th	iis block	c does r	not me	et the	applic	able s	tatutor	y filing	requir	ement	s. this	date	will n	ot be lis	ted as
record sp	ecifies a de	layed eff	ective d	atc, but	t not a	n effe	ctive ti	ime, a	: 12:01	a.m. o	n the e	arlier (of: (b)) Th	e 90th	ı day aft	er the
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			Sig	gnature	of a m	ember (or auth	orized	represei	ntative	of a me	nber					

Filing Fee: \$25.00