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(Address)	
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COVER LETTER

TO:

TO: Registra Division		ction porations			
aus rean	EDA	DETAILING SERVICES LL	C		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Arti	cles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all c	orrespo	ndence concerning this matter	to the following:		
			PATRICIA MARIN		
			Name of Person		
		ACCO	DUNTING SERVICES PM COR	P	
	ACCOUNTING SERVICES PM CORP Firm/Company				
	Firm/Company 620 LUISA CT UNIT 3 Address				
		1	NAPLES FL 34104		
			City/State and Zip Code		
			patrymarin@hotmail.com		
Can Combon to Cam-			to be used for future annual report no	ottfication)	
ror turmer miorn	iation ce	oncerning this matter, please ca			
PATRICIA M	ARIN		786 312-3764 at ()		
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a chec	ek for th	e following amount:			
□ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing</u> Registr			Street Address: Registration S		
Divisio P.O. Bo		orporations	Division of Co The Centre of	•	
		7 FL 32314		roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EDA DETAILING SERVICES LLC

2021 DEC 27 AM 7: 09

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FELDE (A Florida Limited Liability Company) and assigned Florida document number <u>L1900</u>0037915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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	Reinel Hincapie	9435 Worswick Ct	□Add
		Wellington FL 33414	■Remove
			□Change
AMBR	Alejandra Montoya Loaiza	3110 NW 24TH WAY	≣ Add
		OAKLAND PARK FL 33309	□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
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ecord specifies a delayed is filed.	I effective date, but not	t an effective tim	e, at 12:01 a.m. on t	he carlier of: (b) T	he 90th day after the
tedDECEMBER 8		2021	·· /) /		
	7	Luif -	Sul		
	Signature of a	membereof authori	zed representative of a	nember	
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