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| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | iling Officer:    |           |
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## COVER LETTER

## TO: Registration Section Division of Corporations

Brightwave, LLC

SUBJECT: \_\_\_\_\_

**'**:

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

|                                      | Christine Reinhold                              |   |   |
|--------------------------------------|---|---|---|
|                                      | Name of Person<br>EdgyBiz, LLC                  |   |   |
|                                      |   |   |   |
|                                      |   | Firm/Company  |   |
|                                      | 327 Lauderdale Trail                            |   |   |
|                                      |   | Address   |   |
|                                      | Fort Lauderdale, FL 33312                       | 2   |   |
|                                      |   | City/State and Zip Code   | <u> </u>  |
|                                      | creinhold@gmail.com                             |   |   |
|                                      | E-mail address: (                               | to be used for future annual report notif                               | lication)   |
| For further information of           | concerning this matter, please c                | all:  |   |
| Christine Reinhold                   |   | 207 232-1031  |   |
| Name of Person                       |   | at ()<br>Area Code Daytime  | e Telephone Number  |
| Enclosed is a check for t            | he following amount:                            |   |   |
| □ \$25.00 Filing Fee                 | ✓ \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addre</u><br>Registration |   | <u>Street Address:</u><br>Registration Sec                              | tion  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| ARTICLES OF   | AMENDMENT   |                          |
|---|---|--------------------------|
|   | 0   |                          |
| ARTICLES OF C<br>O  | •   |                          |
| Brightwave, LLC   |   | 2 AH 8:44                |
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |                          |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000246447</u> .               | were filed on <u>10/01/2019</u> a                           | nd assigned              |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limited liab   | <u>ility company here</u> :                                 |                          |
| EdgyBiz, LLC  |   |                          |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the abbrevia        | tion "L.L.C."            |
| Enter new principal offices address, if applicable:   | 4715 Orange Drive<br>Davie, FL 33314                        |                          |
| (Principal office address MUST BE A STREET ADDRESS)   | Davie, FL 33314   |                          |
|   |   |                          |
| Enter new mailing address, if applicable: (same)  | <u>401 E. Las Olus Blvd.</u><br>Suite 130-657               |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  | Suite 130-657<br>Fort Lauderdale, FL 333                    |                          |
| B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> : | address on our records, <u>enter the name of t</u>          | <u>he new registered</u> |
|   | * same person, lastrame                                     | charged)                 |

| Name of New Registered Agent:  | Christine Reinhold (Same | person, last name changed)<br>rechter to Reinhold |
|--------------------------------|--------------------------|---|
| New Registered Office Address: | 4715 Orange D            | · · · · · · · · · · · · · · · · · · ·             |
|                                | Davie                    | Florida <u>33314</u><br>Zip Code                  |

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

٠,

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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                | Address  | <u>Type of Action</u> |
|--------------|----------------------------|--|-----------------------|
| Mgr          | Christine Reinhold*        | 327 Lauderdale Mail<br>Fort Lauderdale, FL 33312 | 🗆 Add                 |
| A SI         | us but name was "Pechiter" | Fort Lauderdale, FL 33312                        | 🗆 Remove              |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| Authorized Person last name change from Christiphe Pechter                           |
|--|
| Authonized Person last name change from Christiphe Pechter<br>to Christiphe Reinhold |
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E. Effective date, if other than the date of filing: \_\_\_\_\_ \_ (optional) (It an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 1 - 2020\_. Dot Renting Signature of a member or authorized representative of a member Christine Reinho

Typed or printed name of signee