L19000246447

(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
Brightway SUBJECT:	e. LLC - Company na	pre-change regiost	·
JOBSECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	smitted for Clina	
	ondence concerning this matter	-	
·			
	Christine Reinhold		
		Name of Person	
	EdgyBiz, LLC		
		Firm/Company	
	327 Lauderdale Trail		1000
		Address	第 里 第
	Fort Lauderdale, FL 3331.	2	1 2: 3 1 2: 3
	creinhold@gmail.com	City/State and Zip Code	2.1 F
	E-mail address; (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Christine Reinhold		207 232-1031	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632 Tallahassee,		The Centre of Ta	allahassee Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brightwave, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 10/01/2019 and assigned
lorida document number L19000246447	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
idgyBiz, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	020
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nter new mailing address, if applicable:	Pir P III
Mailing address MAY BE A POST OFFICE BOX)	12
	E 1 0
. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street 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, 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
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		-	□Remove
			□Change
			□Add
			□Remove
			□ Change □
			Remove
			्रिक्ट □Change
			
			□Remove
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ctive date, if other than the da	te of filing:		(optional)	
effective date is listed, the date must be	specific and cannot be prior to	date of filing or more th	an 90 days after filing.) Pursuant to 605.01
If the date inserted in this block ment's effective date on the Depar	does not meet the applicat tment of State's records.	ole statutory filing req	uirements, this date	will not be listed
·				
ord specifies a delayed effective da	te, but not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) Th	ne 90th day after th
filed.				·
Angust 26	2020			
d August 26		- ·		
Hull & Ru	M 1			
1 /1 / 12 12 1 1 1 1 1 1 1 1	nature of a member or author			