## L20000041040

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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## **COVER LETTER**

| Division of Cor             | rporations                                |                                                                     |                                                                                                     |  |  |  |
|-----------------------------|-------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT:                    | PRO LLC                                   |                                                                     |                                                                                                     |  |  |  |
| JUBILET.                    | Name of Lim                               | nited Liability Company                                             |                                                                                                     |  |  |  |
|                             |                                           |                                                                     |                                                                                                     |  |  |  |
| The enclosed Articles of    | Amendment and fee(s) are sub              | omitted for filing.                                                 |                                                                                                     |  |  |  |
| Please return all correspo  | ondence concerning this matter            | to the following:                                                   |                                                                                                     |  |  |  |
|                             | MOHAMED A KAOUSS                          |                                                                     |                                                                                                     |  |  |  |
|                             | <del></del>                               | Name of Person                                                      |                                                                                                     |  |  |  |
| *1 **                       | EDESIGN PRO LLC                           |                                                                     |                                                                                                     |  |  |  |
| •                           | Firm/Company                              |                                                                     |                                                                                                     |  |  |  |
|                             | 8865 COMMODITY CIR                        | CLE                                                                 |                                                                                                     |  |  |  |
|                             |                                           | Address                                                             |                                                                                                     |  |  |  |
|                             | ORLANDO, FL. 32819                        |                                                                     |                                                                                                     |  |  |  |
|                             |                                           | City/State and Zip Code                                             |                                                                                                     |  |  |  |
|                             | admin@merritt.group                       |                                                                     |                                                                                                     |  |  |  |
|                             | E-mail address: (                         | to be used for future annual report notil                           | fication)                                                                                           |  |  |  |
| For further information c   | oncerning this matter, please c           | all:                                                                |                                                                                                     |  |  |  |
| Yvette Iturrino             |                                           | 407 749-1120<br>at ()                                               |                                                                                                     |  |  |  |
| Name o                      | f Person                                  | Area Code Daytime                                                   | e Telephone Number                                                                                  |  |  |  |
| Enclosed is a check for the | ne following amount:                      |                                                                     |                                                                                                     |  |  |  |
| ■ \$25.00 Filing Fee        | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| :                           |                                           |                                                                     |                                                                                                     |  |  |  |
| Mailing Addres              | ss:                                       | Street Address:                                                     |                                                                                                     |  |  |  |

TO:

**Registration Section** 

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 TO ARTICLES OF ORGANIZATION OF

EDESIGN PRO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 04, 2020 and assigned 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 "LLC." 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 . ,

## 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 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            |
|--------------|-------------------|--------------------------------------------------------------------------------|---------------------------|
| MGR          | ADAM BRAHIM KAOUS | 1938 67TH ST APT A3 BROOKLYN, NY 11204                                         | <b>=</b> Add              |
|              |                   |                                                                                | □Remove                   |
|              |                   |                                                                                | □Change                   |
| AMBR         | MOHAMED A KAOUSS  |                                                                                | □Add                      |
|              |                   | RCE SARA APPT 19, 238 BG GHANDI BEAUSE.<br>CASABLANCA EL MAARIF MOROCCO. NA 20 | □Remove IOUR□ 100 □Change |
|              |                   |                                                                                | - Add                     |
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|              |                   |                                                                                | Change                    |
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| octive date if c      | other than the date of fil                                                                       | in <i>a:</i>          |                      | (on                   | tional)                   |              |
| reffective date is li | other than the date of fil<br>isted, the date must be specific a<br>serted in this block does no | and cannot be prior t | o date of filing or  | more than 90 days aft | er filing.) Pursuant to 6 | 05.020       |
|                       | e date on the Department o                                                                       |                       | ioie statutory in    | ing requirements, ti  | ins date will not be in   | med a.       |
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| s filed.              | delayed effective date, but r                                                                    | ioi an effective tii  | ne, at 12:01 a.m     | on the earner of:     | (b) The 90th day at       | ter inc      |
|                       | OCTOBER 26                                                                                       | 2020                  | 0                    | Mass                  |                           |              |
| ted                   | OCTOBER 26                                                                                       |                       | -· ( /               |                       |                           |              |
|                       |                                                                                                  |                       |                      |                       |                           |              |
|                       | Signature of                                                                                     | a member or autho     | riand representation | us of a mambar        | <del></del>               |              |
|                       | Signature of                                                                                     | a member or aumo      | rizeu representati   | ve of a member        |                           |              |