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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Constitution to Fill - Office |
| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: EDT | FICIUM I | NTERNATI | enal Drive, LLC |
|-------------------------------|---|---|---|
| | Name of Limi | ted Liability Company | |
| | nendment and fee(s) are subr | • | |
| Please return all corresponde | ence concerning this matter t | o the following: | |
| | JEREMY | THAKURD Name of Person | IN, ESQ. |
| | | Firm/Company | |
| - | | ILLITE GLASS | |
| | ORLANDO | FL 32835 | gmail. com |
| For further information conc | E-mail address: (to | b be used for future annual report noti | carlon) |
| JEREMY TH | AKURDIN, E | at (407) 285 · Daytim | - 4 6 5 7 c Telephone Number |
| Enclosed is a check for the f | 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) |
| Mailing Address: | uion. | Street Address: | ntion |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

| EDIFICIUM I | ENTERNATIONAL DRIVE, LLC ay as it now appears on our records.) inability Company) |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) inability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 G G G</u> | were filed on 2/4/20 and assigned 24 F11 12: 06 41277 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil. INTERNATIONAL DRI The new name must be distinguishable and contain the words "Limited Liabil | |
| The new name must be distinguishable and contain the words "Limited Liabil | |
| Enter new principal offices address, if applicable: | 1844 BAILLIE GLASS LANE, SUITE |
| (Principal office address MUST BE A STREET ADDRESS) | ORLANDO, FL 32835 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1844 BAILLIE GLASS LANE, SUITE I ORLANDO, FL 32835 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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

MBR NORMAN PEREZ 715 N. FERNCREEK AVE, SUZTE A 6/11ANDO, FL 32803 Kemove MBR EDDIE LECHNER 715 N. FERNCREEK AVEGANITE A ONLANDO, FL 32803 XRemove MBR JOHAN STURM 1844 BAILLIE GLASS LANE, SUSTE 10. ORLANDO, FL 32835 CIRCINOVE MBR JIM MAYS 1844 BAILLIE GLASS XADD ORLANDO, FL 32835 CIREMOVE

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| | Signature of a member or authorized representative of a member | |
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| | Signature of a mymber or authorized representative of a member | |

Filing Fee: \$25.00