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COVER LETTER

TO:

Registration Section Division of Corporations

Aedo Profe	essional Group LLC		
SUBJECT:	Name of Lin	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:	
	Deborah A Barber		
		Name of Person	
	Aedo Professional Group		
	·	Firm/Company	
	3177 Conway Gardens Rd		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	
	burber.deborah@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Deborah A Barber		787 717-1118	
Name o	d Person	at () Area Code Daytin	ne 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)
Mailing Addres Registration 9 Division of C	Section Corporations	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632 Tallahassee, l		The Centre of T	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aedo Professional Group LLC			2 2
(Name of the Limited L. (A F	lability Company as it now ap lorida Limited Liability Compa	pears on our records.) ny)	111
The Articles of Organization for this Limited Liabil	ity Company were filed on	March 02, 2020	and assigned
Fforida document number L20000068138			三二 一
This amendment is submitted to amend the followin	រតិ:		8: 10
A. If amending name, enter the new name of the	limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," t	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)	- 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>		
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on ou re:	ir records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter	Florida street address	
_		, Florid:	1
	Cuy		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
MGR	Aedo Cruz Jr	3177 Conway Gardens Rd	□Add
		Orlando, Fl. 32806	
MGR	Deborah A Barber	3177 Conway Gardens Rd	
		Orlando, FI. 32806	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		7. ·	
		 	🗆 Remove
			□ Change

	
	
	
Note: If the date inserted i	nan the date of filing:
he record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 13	2020
	Signature of a member or authorized representative of a member
	Debound A. Barber Typed or printed name of signee

Filing Fee: \$25.00