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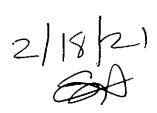
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COVER LETTER

		istration Secti- sion of Corpo					
.~		EDO COMM	UNICATIONS LIMITED LI	ABILITY COMPANY			
SUBJEC	.1:		Name of Limit	ted Liability Company			
The encl	osed	Articles of An	nendment and fee(s) are subr	nitted for tiling.			
Please re	turn	all correspond	ence concerning this matter t	o the following:			
			EVIN DARYLL OWENS				
				Name of Person		 	
			EDO COMMUNICATION	S LIMITED LIABILITY	COMPANY		
				Firm/Company			
			Address				
			City/State and Zip Code				
			E-mail address: (t	o be used for future annual r	report notification)		
For furth	ner ir	nformation con	cerning this matter, please ca	di:			
EVIN D)AR'	YLL OWENS		at ()	Daytime Telepho		
		Name of P	erson	Area Code	Daytime Telepho	ne Number	
Enclosed	d is a	check for the	following amount:				
≡ \$ 25	.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Street Address: 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

EDO COMMUNICATIONS LIMITED LIABILITY COMPANY

		prus.)
The Articles of Organization for this Limited Liability Company	were filed on 03/02/2020	and assigned
Florida document number L20000068763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		20
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		歪 丁
(Principal office address MUST BE A STREET ADDRESS)		ω
Trincipal office dadress most be a street abbressy		
		 ယ
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address:	Enter Florida street ada	Iress
New Registered Office Address:		
New Registered Office Address:		FloridaZip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	City	Florida

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>	<u>Address</u>	Type of Action
MGR	EVIN DARYLL OWENS	494 CR 416 N	□Add
		LAKE PANASOFFKEE, FL 33538	□Remove
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n effective date is listed te: If the date insert	er than the date of the date must be specificted in this block does late on the Department	ic and cannot be prior not meet the applica	to date of filing or mobile statutory filing	(option one than 90 days after than 90 days after the grequirements, this	filing.) Pursuant to 60:	5.020 ted a
	ayed effective date, bu	it not an effective ti	me, at 12:01 a.m. (on the earlier of: (b)	The 90th day afte	er the
is filed. JANUARY 127	ГН	2021				
is filed.		2021				

Filing Fee: \$25.00