L20000087009

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ARD GROUP LLC Name of Lin	nited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLIAM F. EDWARD		
	<u> </u>	Name of Person	
	EDWARD GROUP LLC		
	<u> </u>	Firm/Company	
	1408 BLUEBIRD PLACE		
		Address	
	ORLANDO, FL 32803		
		City/State and Zip Code	
	wfedward@me.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
WILLIAM F. EDWARD)	407 693-3819	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Registration S	Section	Street Address: Registration Sec	etion
Division of Co P.O. Box 632		Division of Cor	porations
Tallahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE EDWARD GROUP LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Incide document number L20000087009	pany were filed on MARCH 23, 2020	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
EDWARD GROUP LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	S)	
	-	Sign No
Enter new mailing address, if applicable:		APR
.		
Mailing address MAY BE A POST OFFICE BOX)		1.
		25 77 25 77
		·
If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	me of the new regist
general way the new regarded vince address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Correction: L. correction	_
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Remove
			☐Change
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tive date, if other th	an the date of filis	no•		(n	ptional)	
ffective date is listed, the	date must be specific ar	nd cannot be prior to	date of tiling or n	ore than 90 days a	itter filing.) Pur	suant to 605.0
If the date inserted in ment's effective date or	n the Department of	State's records.	he statutory trim	g requirements.	inis date wiii	not be listed
ord specifies a delayed filed.	effective date, but no	ot an effective tim	ie, at 12:01 a.m.	on the earlier of	: (b) The 90	th day after t
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