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1/28/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E. D.T. L. ASSET Protection group Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janathan Gweill Name of Person
E.O.T.L ASSET PROJECTION GROUP Firm/Company
13/05 500 248 th Street 54th 1362
Homestead, FL 33082 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonathan O'Nell at (156) 343-8085. Name of Person at (156) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI		
		20
		020 0EC
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. —
		<u> </u>
		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u> e	er the name of the new registe
Name of New Registered Agent:		
Nov Bosistand Office A 11		
New Registered Office Address:	Enter Florida street addr	ess
		Florida
	City	Zin 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.

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
AMBR	Natasha O'Neill	13105 5W 248th Stre	et onda
		Suite 1302 Homeste	CC, Remove
		FL, 33032	□Change
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