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Office Use Only



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THE THE

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Iward Fa	ed Liability Company	prises LLC	
•	Name of Lian	ed maining Company	'	
•				
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	Rose	B. Edward		
		Name of Person		
		Firm/Company		
	4825	NW b	h St	
	Dantal	Address	23/7	
	<u> 1911 191</u>	City/State and Zip Code		
_	Rose.	Edward bo	Ogenail.com	
•	E-mail address: (to	be used for future annual rep	ort normeation)	
For further information conc	erning this matter, please ea	11:		
Bose E	Iward B.	a(<u>347)</u>	78-7456	
Name of Pe	rson .	Area Code	Daytime Telephone Number	
		·		
Enclosed is a check for the f	ollowing amount:			
TV\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60,00 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

Edward fam	Enterprises	116
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 2(8/7</u> 5	were filed on $07/24/20$	DD-Cand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile and contain the words "Limited Liabile and contain the words "Limited Liabile".	Y FNTERP	RISES LLC abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		th St 33317
Enter new mailing address, if applicable:		NOV T
(Mailing address MAY BE A POST OFFICE BOX)	<u>Same</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the na	ame of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	Florida _	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title <u>Name</u> sepedward 4/825 NW 6th □Change RoseBEdward 4825 NW6th St □Remove □ Change _⊟Add □Remove Change \square Add □Remove

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g If the date inserted in	an the date of filing: ate must be specific and cannot be prior to this block does not meet the applicab the Department of State's records.	date of filing or more to the statutory filing rec	han 90 days after	onal) : filing.) Pursuant to 605 s date will not be liste
ord specifies a delayed e filed.	ffective date, but not an effective tim	ae, at 12:01 a.m. on th	ne earlier of: (t	o) The 90th day after
Λ /	9 2021)		
d // CT	1 2000	_ •		

Filing Fee: \$25.00