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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <i>Ерр</i>	5 Investm Name of Lim	ent Group C	<u>110</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ian Epi	75' Name of Person	
	Epps Inves	Firm/Company	LLC
	5635 Elmhu	Address	2309
	Oviedo F	City/State and Zip Code	
	ionens 347	City/State and Zip Code - Q G M 9 12 , C ON to be used for future annual report noti	7 ification)
For further information ed	oncerning this matter, please ca	all:	
Ign Epps Name of	Person	at (<u>347</u>) <u>933</u> Area Code Daytim	8233 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Centificate 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 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**

EDOS Investm	ent Grain LLC	2020 AUG 21 - AH 10: 09
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number 42000230	bility Company were filed on $8/2$	3 2020 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	istered office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, Florida
	Сіқ	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ton T

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 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>	Name	Address 23,0 AU - 21 AH 10: 08	Type of Action
MER	Ign Epps	5635 Elmhurst Cir 304	_ ZiAdd
		Address 2020 AT - 21 AT 10:08 5635 Elmhurst Cir 304 Oviedo FL, 32765	_ □Remove
		-	
		_ □Add	
			_ □Remove
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		_ 🗆 Change	
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			□Change

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	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but not an e rd is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated $\frac{8/19}{}$	2020
Signature of a friend	Ser or authorized representative of a member
To Food	
- 9/1 DVS	ed or printed name of signee