# 120000382097

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
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# COVER LETTER

TO:

**Registration Section** 

Div	ision of Cor	porations		
0.1m.1n.cm	Edgewater (	Construction Florida LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Thomas W Rivera		
			Name of Person	
		Edgewater Construction Fl	orida LLC	
			Firm/Company	
		15109 Evergreen Oak Loo	p	
			Address	<del></del>
		Winter Garden, FL 34787		
			City/State and Zip Code	
		tommy@edgewaterconstruc	tion-fl.com	
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Thomas Rive	ега		561 441-3410 at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
Re	iling Addres gistration S	Section	Street Address: Registration S	
		forporations	Division of Co	-
	). Box 632 Ilahassee, I		The Centre of 2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edgewater Construction Florida LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 12/07/2020	and assigned
lorida document number L20000382097		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new regis
gent and/or the new registered office address here:		2621
		: _:
Name of New Registered Agent:		ro -
New Registered Office Address:		Ö
	Enter Florida street address	- 3
	, Florida	<u></u>
	City	Zin Chila

#### 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 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>	Address	Type of Action
Mgr	Thomas William Rivera	15109 Evergreen Oak Loop	□Add
		Winter Garden, FL 34787	□ Remove
			■Change
			□Add
			□Remove
		, <u></u>	\ \ \ \ \
		·	□Remove
			Change
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			☐ Change
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		<del></del>	□ Add
			Петоvе

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Note:	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
	August 16th 2021
Dated	August 16th , 2021
Dated	Signature of a member or authorized representative of a member