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COVER LETTER

TO: Registration Se Division of Cor		·				
SELEN M. SUBJECT:	EDWIN LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing				
	ondence concerning this matter	•				
	DANA KAUFMAN					
	·	Name of Person				
KAUFMAN & COMPANY, PA						
Firm/Company						
1001 BRICKELL BAY DR STE 2650						
	-	Address				
	MIAMI, FL 33131					
		City/State and Zip Code				
	dkaufinan@kaufmanepas.e			8	202	
	E-mail address: (to be used for future annual report notificati	on)		2024 ILAR	-
For further information of	oncerning this matter, please c	all:			50	
Dana Kaufman		305 455-0314 at ()				1
Name o	f Person		ephone Number	1900 1955	PH I: I	Ċ
Enclosed is a check for the	he following amount:			ंगी	7	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status opy		
Mailing Addres	<u>ss:</u>	Street Address:				

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

SELEN MEDWIN, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on 01/08/2021 and assigned
Torida document number L21000023212	•
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	y." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	-1 1 <u>P3</u>
-	
	The state of the s
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	ner Florida street address
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

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	SELEN MEDWIN	1001 BRICKELL BAY DR STE 2650	≣ Add
		MIAMI, FL 33131	□Remove
			Change
MGR SELEN	SELEN DINCMAN	1001 BRICKELL BAY DR STE 2650	
		MIAMI, FL 33131	= Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
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			🗆 Add
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			Change
			🗖 Add
			□Remove
			□ Change

		
		
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lf an ef <u>Note:</u>	fective date, if other than the date of filing:	nt to 605.0207 t be listed as t
e reco rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of led.	day after the
Oated	MARCH 4 2024	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00