## 121000023652

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STATE
TALL AHASSEE, FLORIDA

JUN 2 9 2022

S. PRATHER

## **COVER LETTER**

TO:

TO: Registratio Division of	n Section Corporations		
Savage	Peace LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Rashida Savage		
		Name of Person	
	Savage Peace LLC		
		Firm/Company	<del></del>
	2121 S Hiawassee Rd #44	08	
		Address	<u>.                                    </u>
	Orlando, FL 32835		
		City/State and Zip Code	
	savage.rashida@gmail.com	to be used for future annual report not	
For further information	on concerning this matter, please c	·	nication
Rashida Savage		513 349-4952 at()	
Nar	ne of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e   S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations - Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

207

Savage Peace, LLC			Z MAY
(Name of the Lim	ited Liability Compa	any as it now appears on our records.) Liability Company)	1388 14.4 10.1
	(a. za.a	mainty company)	
The Articles of Organization for this Limited I	iability Company	were filed on 09/30/2021	Tańd assigned
Florida document number L21000028682	·		Tand assigned
This amendment is submitted to amend the fol	lowing:		9
A. If amending name, enter the new name	of the limited liab	pility company here:	
Equity Ed LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2121 S Hiawassee Rd #4408	
(Principal office address MUST BE A STRE		Orlando, Florida 32835	
Enter new mailing address, if applicable:		PO BOX 618164	
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando, Florida 32861	
			<del> · · · · · · · · · · · · · · · · · ·</del>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:	N/A		<del></del>
New Registered Office Address:	N/A		
		Enter Florida street address	
	N/A	, Florida	N/A
		City	Zip 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 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	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			Change
	·		□Add
		□Remove	
			□Change
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fective date, if other tha	an the date of filing: 04/29/22	าลไ)
ote: If the date inserted in	an the date of filing: (option late must be specific and cannot be prior to date of filing or more than 90 days after fithis block does not meet the applicable statutory filing requirements, this can the Department of State's records.	ling.) Pursuant to 605.020° date will not be listed as
record specifies a delayed e is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
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ated		122 I
	$\star$	2022 MAY -6
	/ \ / ( / ) .	SS 7
<del></del>		<u> </u>
	Signature of a member or authorized representative of a member	्मिट्ट.
Rashida Savage	Signature of a member or authorized representative of a member	6 AM 8:

Filing Fee: \$25.00