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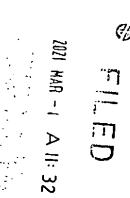
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## **COVER LETTER**

TO:

	v Service LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Konder		
		Name of Person	
		Firm/Company	
	BJECT:  E&D Glow Service LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing, asse return all correspondence concerning this matter to the following:  Elizabeth Konder  Name of Person  Firm/Company  11101 Misty Ridge Way  Address  Boynton Beach, FL. 33473  City/State and Zip Code elizabethkonder@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  rabeth Konder  Name of Person  Area Code  Daytime Telephone Number  Flosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  Certified Copy		
		Address	
	Boynton Beach, FL. 33473	,	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
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For further information of		·	ification)
Elizabeth Konder			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ation
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			-
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&D Glow Service LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 22, 2021 and assigned Florida document number <u>L21000043764</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  $\triangleright$ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Ciry

, Florida

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>	Address	Type of Action
AMBR	Elizabeth Konder	11101 Misty Ridge Way. Boynton Beach, Fl., 33473	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
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n effective date is listed, the date must be specific and cannot be prior to date:  If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	te of filing or more than 9 statutory filing require	O days after (dipg.) I ments, this date w	'ursunt to 605.02 'ill <b>ha</b> t be listed :
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the ea	rlier of: (b) The	90th day after th
02/25/2021 ted			
Signature of a phember or authorized			

Filing Fee: \$25.00