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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Nomber)
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COVER LETTER

TO:	Registration Se Division of Cor			
SHRII	ECT: EDINGER	LLC		
30131	er. bonoek		ited Liability Company	-
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LILY CALDERON_		
			Name of Person	
		SHOMAR ACCOUNTING	G. PA	
			Firm/Company	
		7777 NW 146TH ST		
		<u> </u>	Address	
		MIAMI LAKES, FL 3301	6	
		MININ BANKS, 112 550 F	City/State and Zip Code	
		LILY@SHOMARACCOU	NTING.COM to be used for future annual report noti	feation
Eve fire	than information o	concerning this matter, please co		Transfer (
rortui	mer information c	concerning this matter, piease co	HI.	
LILY	LILY CALDERON		at (305) 825-1123	
	Name o	of Person	Area Code Daytim	e Telephone Number
		he following amount:	_	
■ \$2	5.00 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)
	Mailian talaasa		Street Address	
	Mailing Address Registration		<u>Street Address:</u> Registration Se	etion
	Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>(S.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>04/12/2021</u>	and assigned
Florida document number <u>1.21000166773</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		2021
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	978 N BIG SKY LANE	
Principal office address MUST BE A STREET ADDRESS)	ORANGE, CA 92869	<u> </u>
		1/2
		38
Enter new mailing address, if applicable:	978 N BIG SKY LANE	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	ORANGE, CA 92869	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zm Code

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

EDINGER, LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALAM, JAVAD	C/O 6501 KENBRIDGE ST	
		ELK GROVE. CA 95758	■Remove
			Change
MGR	ALAM, JAVAD	978 N BIG SKY LANE	□ Add
		ORANGE, CA 92869	□Remove
			□Change
			727 DAAdd
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			Li Remove PM 12:Hange
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	l in this block does no	ot meet the applicable				
	on the Department o	f State's records,				

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