## K21000202653

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William D

## **COVER LETTER**

	Registration Se Division of Cor			,
SUBJEC	EFD Enterp	orises, LLC		
JOBOLC	···	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Eric C. Millhorn, Esq.		
			Name of Person	<del></del>
		Millhorn Elder Law Plann	ing Group, PLLC	
			Firm/Company	
		11294 US Highway 301		
		<del></del>	Address	
		Oxford, Florida 34484		
		dono@willhambay.com	City/State and Zip Code	
		dana@millhornlaw.com  E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please c	all:	
Eric C. N	Aillhorn		352 330-3366 at ( )	
	Name of	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 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)
	Mailing Address	<u>s:</u>	Street Address:	

TO:

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

EFD Enterprises, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 30, 2021	and assigned
lorida document number L21000202653	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
FDP Enterprises, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DECC	
The opice university of the ASTREET ADE		
	-	
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		_
		12
. If amending the registered agent and/or register		ame of the new-regis
gent and/or the new registered office address here	:	63
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		PH 12: 44
New Registered Office Address.	Enter Florida street address	- '5
	, Florida	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if othe If an effective date is listed, Note: If the date inserte document's effective da	the date must be speci- ed in this block does	fic and cannot be prior not meet the applic	cable statutory fil:			
e record specifies a delayed is filed.	red effective date, bu	ut not an effective t	íme, at 12:01 a.m	i. on the earlier of: (	(b) The 90th day a	fter the
September 16		2021	·			
			Orizad captacantation	ue of a morehur		
		e of a member or auth	orized representati	ve of a member		