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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Corp	porations				
Sub to an	Southern Ec	ige Agroforestry, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		William B. Bowen Jr.				
			Name of Person		.	
		Southern Edge Agroforest	ry, LLC			
Firm/Company						
		2108 Sapelo Court				
			Address		-,	207
		Fernandina Beach, FL 320)34			2024 APR 19 AM 10: 21
	City/State and Zip Code			Ž		
		support@southernedgestud				
			to be used for future an	nual report notif	ication)	至一
For further in	iformation c	oncerning this matter, please c	all:			2 2
William Boy	wen Jr.		904 at (557-0517)		
	Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop tadditional copy	y	Certified C	of Status &
Re	iling Addres gistration S vision of C		Reg	et Address: istration Sec ision of Corp		
). Box 632		The	Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Edge Agroforestry, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	or <u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L21000253046}{L21000253046}$	Company were filed on May 31, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Southern Edge Studios, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	
Enter new principal offices address, if applicable:	(same)	2024 APR
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	(same)	Se E O
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street ado	lress
		721 - 2.1
	 City	Florida 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

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
			APREMOVE DATE OF A SEC. FL.
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	May 30	2024		
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May 30 2024	- 0	[]		