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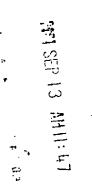
| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations                            |   |
|--|---|
| SUBJECT: 310 EDMOR LLC Name of Li  | A FLORIDA LIMITED LIABILITY infited Liability Company  Company                            |
| The enclosed Articles of Amendment and fee(s) are st                         | abmitted for filing.  |
| Please return all correspondence concerning this matter                      | er to the following:  |
|  | Name of Person  |
| Chasy B  | Firm/Company  |
| _120 S. C  | Olive Ave., Ste SOY   |
| West F   | City/State and Zip Code   |
| <u>Cjansser</u><br>E-mail address  | i: (to be used for future annual report notification)                                     |
| For further information concerning this matter, please                       | call:   |
| Name of Derson   | at ( 31) 420 0583 Area Code Daytime Telephone Number                                      |
| Enclosed is a check for the following amount:                                |   |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$                   | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee   |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 ED MORLIC A PLORIDA LIMITED LIABILITY COMPANY
(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 823 a and assigned                                  |
|--|---|
| Florida document number <u>L2100037695.1</u>   |   |
| This amendment is submitted to amend the following:  |   |
| This amendment is submitted to amend the following.  |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:  |
| 310 Fdmor NLC  |   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "L.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)   |   |
|  |   |
|  | <u> </u>  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | / <del></del>   |
| agent and/or the new registered office address here.   | =                           |
| Name of New Registered Agent:  |   |
|  |   |
| New Registered Office Address:   | Enter Florida street address                                      |
|  |   |
|  | , Florida<br>City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |
| I hereby accept the appointment as registered agent and agre   | to act in this canacity. 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 p   |   |
| being filed to merely reflect a change in the registered office company has been notified in writing of this change. | adaress, I hereby confirm that the limited liability              |
|  |   |
|  |   |

If Changing Registered Agent, Signature of New Registered Agent

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> | Address     | Expe of Action |
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| effective date is list<br>:: If the date inse | her than the dated, the date must be crited in this block date on the Depart | specific and ca<br>does not me | annot be prior tet the applica |                                       |                                       |              | ling.) Pur  |                     |
| ord specifies a de<br>filed.                  | elayed effective da  | te, but not ar                 | a effective tir                | ne, at 12:01 a                        | i.m. on the ear                       | lier of: (b) | The 90      | th day after th     |
| d_Se  | plember  | <u>a</u> ,                     | &B                             | <u>_</u> l                            |                                       |              |             |                     |
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|   | Sign   | nature of a me                 | mber <u>or autho</u>           | rized represent                       | ative of a memb                       | per          |             |                     |