121000399110

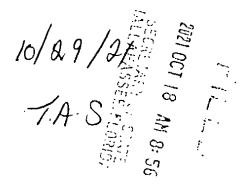
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	╝

Office Use Only



500374013585

10/18/21--01047--021 **30.00



COVER LETTER

EDISON ASSOCIATION MANAGEMENT, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tracy L. Durham Name of Person Edison Association Management, LLC Firm/Company 1817 Kalurna Court Address Orlando, FL 32806 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address: Registration Section** Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDISON ASSOCIATION MANAGEMENT, 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 $\frac{9/8/2021}{1}$ _ and assigned Florida document number 121000399110 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 "LLC" 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: ά 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.

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	Type of Action
MGR	Tracy L. Durham	1817 Kalurna Court	≅ Add
		Orlando, FL 32806	□Remove
			□Change
			□Add
		.	□ Remove
			□Change
			DREMOVE TO SEE
			Remove
			G. G
			□Change
<u></u>			□Add
			□ Removc
			Change
			□Add
			□Remove
			□Change

ective date, if other than the date of filing: Optional						
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional) (optio			<u></u>			
ective date, if other than the date of filing: (optional) (optio						<u> </u>
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional) (optio						
ective date, if other than the date of filing: (optional)	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ective date, if other than the date of filing:				· · · · · · · · · · · · · · · · · · ·		
ective date, if other than the date of filing:						-
ective date, if other than the date of filing:		· · · · · · · · · · · · · · · · · · ·				
ective date, if other than the date of filing:						2021
ective date, if other than the date of filing:						
ective date, if other than the date of filing:					(0.5)	
ective date, if other than the date of filing:	- 					
ective date, if other than the date of filing:					(= 17	<u> </u>
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after s filed.						200
1 <u>Catabor 13</u> . 2021.	ffective date is listed, the date must be specific and cannot be price. If the date inserted in this block does not meet the applies.	licable statu	filing or more	than 90 days aft	ional) er filing.) Pursu	ant to 605,0
	cord specifies a delayed effective date, but not an effective s filed.	time, at 12	2:01 a.m. on t	he earlier of: (b) The 90th	day after
Signature of a member or authorized representative of a member	ed October 13 , 2021	<u> </u>				
Signature of a member or authorized representative of a member						

Filing Fee: \$25.00