## 122000064409

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PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
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Registration Section

TO:

Division of Cor	porations		•
	RIDA AC LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS J. IZZO		
	·	Name of Person	
	PINEIRO BYRD PLLC		
		Firm/Company	
	4600 MILITARY TRAIL.	SUITE 212	
		Address	
	JUPITER, FL 33458		
		City/State and Zip Code	
	TIZZO@PBLAWFLA.CO  E-mail address: (	M to be used for future annual report not	iffication)
For further information of	oncerning this matter, please c		
EMIS MARTIN		561 906-6536	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ha following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
= 325.00 Tilling FCC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDM FLORIDA AC LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our rec bility Company)	ords.)
The Articles of Organization for this Limited I Florida document number L22000064409	iability Company w	ere filed on <u>02/07/22</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "	.I.C" or the abbreviation "lol3C." \(\frac{\infty}{\infty}\) (2.7)
Enter new principal offices address, if appli	cable:		5 59
(Principal office address MUST BE A STRE.		<u>~</u>	
			(s) (f)
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE	E BOX)		* 
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	•		ter the name of the new registered
New Registered Office Address:	4600 Military Tra	ail, Suite 212	
	Enter Florido street address		
	Jupiter		Florida 33458 Zip Code
		Cig	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete p	erformance of my duties	, and I am familiar with and

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

DocuSign Envelope ID: D8E5D827-5816-44BC-B796-48BE76F3969C in 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
MGR	Barry B. Byrd	PO Box 19734	
		West Palm Beach FL 33416	=Remove
			☐ Change
MGR	Emis Martin Sanatana	PO Box 19734	■Add
		West Palm Beach, FL 33416	□Remove_
			□ RemoveD
			□Remove
			□ Change
			□Remove
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			□Remove
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Effective date, if	other than the date of filing: isted, the date must be specific and c	annot be prior to date of filing	or more than 90 days after filing.	.) Pursuant to 605.020
Note: If the date in	serted in this block does not me we date on the Department of Sta	et the applicable statutory		
ne record specifies a ord is filed.	delayed effective date, but not a	n effective time, at 12:01 a	a.m. on the earlier of: (b) Th	ne 90th day after the
Dated July 19		2022		

Filing Fee: \$25.00

Typed or printed name of signee