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(Requestor's Name)	
(Address)	500424520655
(Address)	300424320033
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/23/24 -01013019 (4425.0
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJEC	ст: <u>О</u> (ver the Edge Name of Lindi	Productions LI ted Liability Company	
The encl	osed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please re	turn all corresponde	ence concerning this matter to	o the following:	
		Mid.	nael Edgerton	<u> </u>
		Ove	The Edge produ	ctions
		1708 mg	placed blud Address	
			FL 3467 City/State and Zip Code	
	-	E-mail address: (to	Obe used for future annual report notifi	entices. Con
For furth	er information conc	terning this matter, please cal	II:	
	Mi Chael Name of Pe	Edgerton	at (<u>727</u>) <u>GY3</u> . Area Code Daytime	- 800 3 Telephone Number
Enclosed	is a check for the fo	ollowing 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: Registration Sec Division of Corp P.O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/10/202}{4}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		- 2
The state of the s	. : ;	024
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	را بر سن	\frac{1}{4:02}
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	Name	Address	Type of Action
MGR	Jordan Miller	6721 Clair Share dr	□Add
		6721 Clair Share dr Apollo beach, FL, 33572	- DRemove
			□Change
			□Add
			□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effecti Note: If	date, if other than the date of filing: (optional) ive 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 605,0207 (3)/b the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
record is filed.	
Dated	February 19th. 2004.
	Signature of a member authorized representative of a member
	Michael Edgerton Typed or printed name of signee

Filing Fee: \$25.00