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T. MATTHEWS MAY 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

Edison Uni	verse Advisory Solutions LLC		•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lauren Peretich, Esq.		
		Name of Person	
	Cozza Law Group		
	Amendment and fee(s) are submitted for filing: Indence concerning this matter to the following: Lauren Peretich, Esq. Name of Person Cozza Law Group Firm/Company 510 Washington Avenue Address Carnegie, Pennsylvania 15106 City/State and Zip Code Iperetich@cozaalaw.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 412 Area Code Terson Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Registration Section Origonations The Centre of Tallahassee		
	510 Washington Avenue	ame of Limited Liability Company (s) are submitted for filing. his matter to the following: Esq. Name of Person IP Firm/Company Avenue Address ylvania 15106 City/State and Zip Code aw.com il address: (to be used for future annual report notification) r. please call: at (12	
		Address	
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Lauren Peretich, Esq. Name of Person Cozza Law Group Firm/Company 510 Washington Avenue Address Carnegie, Pennsylvania 15106 City/State and Zip Code peretich@cozaalaw.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: 412 522-8030 Name of Person at Area Code Daytime Telephone Number eck for the following amount: gree \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)		
		City/State and Zip Code	
	•		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Lauren Peretich			
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_	Section	Registration S	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTICLES OF ORGANIZATION OF SECRETARY OF STATE DIVISION OF CORPORATIONS

Edison Universe Advisory Solutions LLC

22 APR 15 PH 3: 17

(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 Co	ompany were filed on $\frac{03/07/2}{1}$	2022 and assigned
Florida document number L22000116015	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRI	<u></u>	
		<u>.</u>
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 reco	ds, enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
l hereby accept the appointment as registered agent a	nd agree to act in this cape	acity. I further agree to comply with

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank Bonafilia	3671 Edgewood Avenue	
		Fort Myers, Florida 33916	Remove
			Change
AMBR	Edison Universe Solutions LLC	3671 Edgewoood Avenue	= Add
		Fort Myers, Florida 33916	□Remove
			□ Change
			□ Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			□ Remove
			□Change
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ffective	date, if other tha	n the date of	filing		(4	optional)	
an effect	ive date is listed, the da	ate must be specif	fic and cannot be pri	ior to date of filing o	r more than 90 days	after filing.) Pursuant t	o 605.0207
<u>tote:</u> If	the date inserted in the control of	this block does	not meet the app	licable statutory fi de	ling requirements	, this date will not b	e listed as
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l is filed		ricetive date, ou	n not an encenve	, time, at 12.01 a.i	n. On the carrier o	i. (b) The min day	arter tric
ated	April 7		1022				
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Typed or printed name of signee