LZZ000140103

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COVER LETTER

	ation Section 1 of Corporations		
011D 1D 000	EDWARD SU	THERLAND, LLC	
SUBJECT:	Name	of Limited Liability Company	·
The enclosed Art	icles of Amendment and fee(s) a	are submitted for filing.	
Please return all o	correspondence concerning this	matter to the following:	
		SELWYN CARRINGTON Jr.	
	- N	Name of Person	
		EDWARD SUTHERLAND, LLC	
	_	Firm/Company	
		4 OLD GROVE LN	,
		Address	
	Α	LTAMONTE SPRINGS, FL 32701	
		City/State and Zip Code	
		ARDSUTHERLANDLLC@GMAIL	
	E-mail ad	dress: (to be used for future annual report	notification)
For further inform	nation concerning this matter, pl	ease call:	
SELWYN CARE	RINGTON JR.	305 206-8698	S
	Name of Person		ytime Telephone Number
Enclosed is a che	ck for the following amount:		
□ \$25.00 Filing	g Fee S30.00 Filing Fee Certificate of Sta		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing	Address:	Street Address	s:

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

. 'TO:'

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDWARD SOU	THERLAND LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear	rs on our records.)	
(ATTOMA	cannot company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	03/22/2022	and assigned
Florida document numberL22000140103	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company ho	ere:	
EDWARD SUTHERLAND, L	LC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	<u> </u>		
		 	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered	l office address on our r	ecords, <u>enter the na</u>	me of the new regist
gent and/or the new registered office address here:			
Name of New Registered Agent:		· 	
New Registered Office Address:			
Hew Registered Office Address.	Enter Flor	ida street address	
		, Florida	
	City	, FIOTIUA _	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			CChange
			
			🗆 Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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	<u> </u>
l ffectiv e Can effect	e date, if other than the date of filing:
<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locumen	t's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
Dated	June 14 / 2022.
	Signature of a member or authorized representative of a member
	SELWYN CARRINGTON
	Typed or printed name of signee

Filing Fee: \$25.00