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JIVISION OF CONPORATION
22 MAY -9 AM 11: 56

T. MATTHEWS
JUN 3 0 2022

COVER LETTER

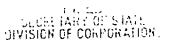
TO:	Registration Se Division of Cor		,	
SUBJI	ECT: EDG22, LI			·
·		Name of Lin	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DIANA TURCHINA		
			Name of Person	
		EDG22, LLC		····
			Firm-Company	
		12524 NIGHT VIEW DR	Address	
			, waters	
		SARASOTA, FL 34238	City/State and Zip Code	
		EDGTRUCKINGINC@GM E-mail address: (•	fication)
For fur	ther information c	oncerning this matter, please c		
DIAN	A TURCHINA		at (443) 844-5901	
	Name o	f Person	at (443) 844-5901 Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Addres	<u>s:</u>	Street Address:	
	Registration S	Section	Registration Se Division of Co	
	Division of CP.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DECRETARY OF STATE DEVISION OF CORPORATION. **OF**



22 MAY -9 AM 11: 56

EDG22, LLC (Name of the Limit	ed Liability Company as it now appears on our reco	ords.)
	ed Liability Company as it now appears on our reco (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on 04/05/2022	and assigned
Florida document number <u>1.22000163229</u>	<u> </u>	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	B()X)	
B. If amending the registered agent and/or ragent and/or the new registered office address	· —	er the name of the new_registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	Cuy	Florida

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
AMBR	DIANA TURCHINA	12524 NIGHT VIEW DR	□Add
		SARASOTA, FL 34238	□Remove
			■ Change
AMBR	EDWARD KRIVENKO	12524 NIGHT VIEW DR	₹Add
		SARASOTA, FL 34238	□Remove
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			C)Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Chance

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Note: If	e date, if other than the date of filing:
e record s rd is filed	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
Dated	5/4/22
	1) \\ \(\tau_{\text{in}} \)
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00