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## COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Ed Ink			t
SUBJECT:	Continued Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Shirley Edwards		
The england Aminburgh	Amundmant and Carla) are such	united for filing	
		•	
Please return all correspo	ndence concerning this matter	to the following:	
	Shirley Edwards		
		Name of Person	
	-	Firm/Company	
	53 Evenshade Way		
		Address	
	St Augustine, Fl 32092		
		City/State and Zip Code	
	<del>-</del>		· · · · · · · · · · · · · · · · · · ·
		·	ification)
For further information c	oncerning this matter, please c	all:	
Shirley Edwards			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	s:	Street Address:	
Registration S	Section	Registration Sc	
Division of C	-	Division of Co The Centre of	-
P.O. Box 632 Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ed Ink, LLC (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 Company were filed on  $\frac{05/18/2022}{1}$ \_\_\_\_ and assigned Florida document number  $\frac{1.22000231389}{1.0000231389}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
AMBR	Shirley Edwards	53 Evenshade Way	
		St Augustine, Fl 32092	□Remove
			≣Change
AMBR	Ryan Edwards	53 Evenshade Way	
		St Augustine, Fl 32092	\ \_Rcmove
			Change John Story Total
		Remove	
			□Remove
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X	Signature of a member or authorized repres	<u> </u>	