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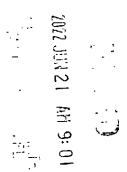
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
EDM FL L	LC .		j, β Se
SUBJECT:		· · · · · · · · · · · · · · · · · · ·	•
	Name of Lin	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:	
	EMIS D MARTIN SANTA	ANA	
		Name of Person	
	EDM FLLLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5333 NORMA ELAINE R	D	
	<u> </u>	Address	
	WEST PALM BEACH, FI	.33417	
	EDMFLORIDAAC@GMA	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
EMIS D MARTIN SAN	-	561 906-6536	
		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Con	
P.O. Box 632		The Centre of 7	-
Tallahassee, 1	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDM FL LLC

2022 JUN 21 AM 9: 01

(<u>Name of the Lim</u>	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, e	nter the name of the new register
Name of New Registered Agent:	EMIS D MARTIN SANTANA	
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	Cin	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 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> MGR	<u>Name</u> EMIS D MARTIN SANTANA	<u>Address</u> 5333 NORMA ELAINE RD	Type of Action
			□Add
		WEST PALM BEACH, FL 33417	□Remove
			□ Add
			□Rетюve
			□Change
	-		□Add
			□Remove
			□Change
			□Add
			ПRетюve
			□ Change
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ective date, if other than the effective date is listed, the date in	e date of filing:		1 00	_ (optional)	
te: It the date inserted in this l	block does not meet ti	he applicable statuto	ng or more than 90 a ry filing requirem	lays after filing.) Pursua ents, this date will no	ant to 605,020 of be listed a
ument's effective date on the	Department of State's	records.			
cord specifies a delayed effect	ive date, but not an ef	fective time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
s filed.					·
JUNE 16TH	202	22			
cd		 ·			

EMIS D MARTIN SANTANA