L22000350565

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COVER LETTER

		tration Section of Corp						
vitio ir z		merging Te	k Advisors LLC					
SUBJEC	. I :	Name of Limited Liability Company						
The enck	osed A	irticles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	turn al	l correspon	dence concerning this matter	to the following:				
			Stephanie Goebel					
				Name of Person				
			ZenBusiness Inc.					
			·	Firm/Company				
	5511 Parkerest Drive, Ste. 103							
				Address				
			Austin, TX 78731					
				City/State and Zip Code				
			fulfillment@zenbusiness.co					
			E-mail address: ()	to be used for future annual report notif	fication)			
For furth	er info	rmation co	ncerning this matter, please co	all:				
Stephani	ie Goe	bel c/o Zen	Business Inc.	844 493-6249				
		Name of	Person	at ()Area Code Daytime	e Telephone Number			
Enclosed	l is a cl	heck for the	following amount:					
\$ 25.0	00 Fili	ng 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 (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerging Tek Advisors 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 09/19/2022 and assigned Florida document number 1.22000350565	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Edge Tek Advisors LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Ļ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> :	<u>e new</u>
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.

Cnv

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			□ Change
			Add
			Remove
			Change
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date.	, the date must be speci ed in this block does	itic and cannot be prior s not meet the applic	able statutory filing i	(optional) e than 90 days after filing.) Pur requirements, this date will	rsuant to 605,0207 (3 not be listed as th
he record specifies The 90th day afte	a delayed effect er the record is f	tive date, but no filed.	t an effective tin	ne, at 12:01 a.m. on	the earlier of:
Dated September 24		2022			
/s/ Kyle Wo					
			orized representative of	 	

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Typed or printed name of signee

Filing Fee: \$25.00