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Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

Enter the email address for this business entity to be used for future a: annual report mailings. Enter only one email address please.

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COVER LETTER

ision or Col	rporations		
	Name of Lim	ited Liability Company	
d Articles of	Amendment and fee(s) are sub	omitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	ESRAA M ISMAIL		
		Name of Person	
	ED DISCOUNTS LLC		
		Firm/Company	
	3402 SW PARSONS ST		
		Address	
	PORT ST LUCIE, FL 349	53	
	A IMETS REPRESENTATE	City/State and Zip Code	
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iformation c	concerning this matter, please co	all:	
SMAIL		786 795-5157	
Name o	f Person	Area Code Daytin	ne Telephone Number
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iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	all corresponds all corresponds SMAIL Name of the check for the check f	Articles of Amendment and fee(s) are substantial correspondence concerning this matter ESRAA M ISMAIL ED DISCOUNTS LLC 3402 SW PARSONS ST PORT ST LUCIE, FL 349 AIMET@EXPRESSTAXS E-mail address: (offormation concerning this matter, please c SMAIL Name of Person check for the following amount: Gling Fee \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: ESRAA M ISMAIL Name of Person ED DISCOUNTS LLC Firm/Company 3402 SW PARSONS ST Address PORT ST LUCIE, FL 34953 City/State and Zip Code AIMET@EXPRESSTAXSVCS.COM E-mail address: (to be used for future annual report not offermation concerning this matter, please call: SMAIL Name of Person 1 786 1 795-5157 Area Code Daytin 1 check for the following amount: 1 check for the following amount: 1 check for the following amount: 1 Calcing Fee Certificate of Status Certificate Copy

MailingAddress:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 StreetAddress:

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ED DISCOUNT 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 Con Florida document number <u>L22000493982</u>	mpany were filed on 11/18/2022	and assigned
	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
Enter new mailing address, if applicable:		· - · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>ent</u>	ter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	· <u>· · · · · · · · · · · · · · · · · · </u>	
	Enter Florida street add	iress
		Florida
	City	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
AMBR	EL SADIG E ELGAK	2283 SHIMMERY LN	≡ Add
		LAKE WORTH, FL 33462	□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than the	date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 60	
f an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot be prior to date of fill ock does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	5.0207 ted as
document's effective date on the De			
	e date, but not an effective time, at 12.0	11 a.m. on the earlier of: (b). The 90th day after	er the
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	2023		
rd is filed.	, 2023	,	
rd is filed.		rentative of a member	