L23000003064

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FAA	ewood Circle	LLC	
Solder ouy	Name of Lin	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Henne Lucero Name of Person	
		Name of Person	
		Firm/Company	2023 SE: IALI
		H Arapaho Dr Address	<u> </u>
		Pensacola, FL 32503 City/State and Zip Code	
	Jevin Famail address	City/State and Zip Code and hanch a gmail.c. (to be used for future annual report notifica	,
For further information of	oncerning this matter, please o		,
Name of	Lucero	at (720) 237-6: Area Code Daytime To	242
(Name o		, and esse visyamiz	
Enclosed is a check for th	ne following amount:		
\$25.00 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 (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Section Division of Corpo	
Division of C	-	The Centre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edgewood Circle	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2300003064</u> .	y were filed on <u>Dec</u>	28, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designat	
Enter new principal offices address, if applicable:		N SE
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		E, H
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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
MG R	Hanna Lucero	41 Arapaho Dr	X[Add
		41 Arapaho Dr Pensacola, FL 32507	□Remove
			□Change
			□Add
			□ Remove
			□Change
			Remove
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Fective date, if an effective date is l	listed, the date mus	st be specific a	and cannot be pri-	or to date of filing o	r more than 90 day	s after filing.) P	ursuant to	605.02
ote: If the date in	nserted in this bl	lock does not	t meet the appl	icable statutory f	ling requirement	ts, this date wi	il not be i	listed
eument's effecti	ve date on the D	epartment of	i State 8 lecold	5.				
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	······································	Signature of	a member or aut	horized representa	tive of a member			- []

Filing Fee: \$25.00