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## **COVER LETTER**

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TO: Registration Section Division of Corporation			
Edden	and a mid	TOWN. LLC	
SUBJECT: Edgen	Name of Limi	ted Liability Company	·
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Danny Mi	Name of Person	
	<u>manausa, c'</u>	naw & Minacci Firm/Company	<del> </del>
	1701 Hermit	tage Blvd, Ste 100	0
		U.FL 37308	
	dannuan	City/State and Zip Code  NONQUSAIAW . COM	)
-		o be used for future annual report notifical	
For further information conc	erning this matter, please ca	ill:	
Vatie Rae		WASD 597-7	1016
Name of Pe	erson	at ( <u>1/2 )</u>	dephone Number
Enclosed is a check for the f	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 Address:	rtion	Street Address: Registration Section	મા
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327	30314		
·		Division of Corpor The Centre of Tall 2415 N. Monroe S	ahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EUGENDOU @ MICH	y Company as it now appears on our records.) Limited Liability Company)
(Name of the Limited Liability (A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 2 20 23 and assigned
,	<b>-</b> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
	. 22
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>ှ</u>
	: 07
	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
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edgewood Partners TIH, L	LC 3810 BUCKTUKE Rd	<b>∑</b> Add
	·	71008	□Remove
		Tallahassed, FL 32317	□Change
Mar 1	Christian ariffith	3810 BULHAKE Rd	□Add
		1100 «	XRemove
		tallanarre, FL 32317	/ ` □Change
			□Remove
			Change
<del>.,</del>			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			□Change

). If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe	re date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	october al 2024
	Signature of a member or authorized representative of a member
	Daniel E. Manauso - authonzed representative