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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co					
EDEM&T	·uc				
SUBJECT:					
	Name of Lin	rited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MINALIIEV, EDEM				
	 	Name of Person			
	EDEM&T LLC				
		Firm Company			
901 NE 14TH AVE APT 408					
	Address				
HALLANDALE BEACH, FL 33009					
	edemminaliev1980@gmail.	City/State and Zip Code			
	E-mail address: (to be used for finture annual report noti	facetion)		
For further information	concerning this matter, please o	all:			
EDEM MINALIJEV		305 9397250			
Name	of Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclosed)		
Mailing Addre		Street Address:			
Registration Division of (Section Corporations	Registration Sec Division of Cor			
P.O. Box 63	-	The Centre of T	-		
Tallahassee			c Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Come (A Florida Limited)	pany as it now appears on our records. Liability Company))
(**************************************	,	
The Articles of Organization for this Limited Liability Compan	05/22/2023 by were filed on	and assigned
1.23000249650		
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company bere:	
be new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
•		
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	·	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		28 ALSE
Haddag Saures MAT BE A TOST OFFICE BOA	* * * * * * * * * * * * * * * * * * * *	P7:
		TAR ASS
 If amending the registered agent and/or registered office 	address on our records, enter t	be name of the new register
gent and/or the new registered office address here:	,	THE ST
		~ ~
		Si Si O
Name of New Registered Agent:		0 A C
-		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	Circ	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

FORMATILC

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 Anthorized 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>	<u>Address</u>	Type of Action
MGR	EDEM MINALIIEV	901 NE 14TH AVE APT 40%, HALLANDALE SEACH HL 33009	
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			DAdd
			□Remove
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fective date, if other than	the date of filing: must be specific and cannot be prior to da	(optio	
ote: If the date inserted in this	s block does not meet the applicable:		
ocument's effective date on th	e Department of State's records.		
describer a deleveral affi	aniana dan anda ana an affirmativa nima a	. 1201	The Ook day after the
is filed.	ctive date, but not an effective time, a	n 12:01 and on the corner of (b) The soundary after the
July 22	2023		
ated			
			
-	Signature of a member or amborized		