## L23000Z70165

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	е <i>н</i> )
PICK-UP	WAIT	MAłL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

Name Chang

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## **COVER LETTER**

	right Ideas LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	<del>-</del>			
:	Edison D Lozada				
		Name of Person			
	Edison's Bright Ideas				
		Firm/Company			
	1040 Seminole Dr., Apt 10	059			
		Address			
	Fort Lauderdale/ Florida 3.	3304			
		City/State and Zip Code			
•	edison.lozada@me.com			2024 SEL	
For further information c	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notificall:	ation)	2024 SEP 26 SECRETAR	-18220 -1822-0
Edison Lozada		305 528-1085		· 京 · · · · · · · · · · · · · · · · · ·	11.23E4
Name o	f Person	Area Code Daytime	elephone Number	9:10	الروويا
Enclosed is a check for the	ne following amount:			Lu O	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
Mailing Addres		Street Address:	on		

Registration Section
Division of Corporations

P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOCH SEP 26 M

Edison's Bright Ideas 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 Comp	any were filed on 06/05/2023	and assigned
Florida document number L23000270165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
EDL Projects LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	<del></del>	<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· <del>-</del>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:		
	Enter Florida street a	uddress
		Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my dutie as provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is
if (	hanging Registered Agent, Signa	ture 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>	<u>Address</u>	Type of Action
		<del></del>	□Add
			□Remove
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Ťe	ctive date, if other than the date of filing: (optional)
an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ment's effective date on the Department of State's records.
rec is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th filed.
ate	d <sup>09/20/2023</sup>
	(VCL) AND OLO
	$\mathcal{A}(\mathcal{M}^{\mathcal{E}(\mathcal{M}^{\mathcal{E}}($
	Signature of a mambar or nuther in a supercontains of a mumbar
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00