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Account Name Account Number : I20220000070

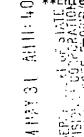
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K. SALY

JUN - 3 2024

COVER LETTER

(((H24000186238 3))) TO: Registration Section Division of Corporations EDEL GLOBAL LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code cfile1234@incfile.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

(((H24000186238 3)))

EDEL GLC	OBAL LLC	彩色 多一
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	The contraction of
The Articles of Organization for this Limited Liability Company Florida document number L24000169104		and assigned
This amendment is submitted to amend the following:		9
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and comain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new registered
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	<u>::</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

(((H24000186238 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000186238 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RONALD SALAZAR	255 S ORANGE AVE STE 104	□ Add
		ORLANDO, FL 32801	≣Remove
			[]Change
AMBR	PEDRO CARNEIRO	255 S ORANGE AVE STE 104	□ Add
		ORLANDO, FL 32801	≣Remove
			□Change
			□Add
			TALLAHIASSE
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			□Remove
			———□Change (((H24000186238 3)))

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Filing Fee: \$25.00