## La4000487318

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Co	ertificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



300438939883

2024 NOV 22 PH 2: 43
SECRETARY OF STATE
TALLABASSEE, FL

2021 NOV 22 PH 2: 27



## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

EDBGT HOLDIND

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:

Dylan Kislin Name of Person

Firm/Company

215 SE 8th Avenue Fort Landerdale, FL 33301

For further information concerning this matter, please call:

at (56), 809-8410 Daytime Telephone Number

Enclosed is a check for the following amount:

, \$25,00 Filing Fee

\$30,00 Filing Fee & Certificate of Status 1.1 \$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:

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

EDBGJ HOLDINDS LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now app Lability Company		
The Articles of Organization for this Limited Liability Company Florida document number \( \L2\( \) 00048731\( \)	were filed on	11/19/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab EDBGT HOLDINGS LLC  The new name must be distinguishable and contain the words "Limited Liabi			previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2024 HOV 22 PH 2: 43 SECRETARY OF STATE TALLAHASSEE, FL
Enter new mailing address, if applicable:			2 P HAS
(Mailing address MAY BE A POST OFFICE BOX)			H 2: 43 OF STATE SEE, FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>enter the name</u>	•
Name of New Registered Agent:			
New Registered Office Address:	Enter 1	Florida street address	
	Cüy	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

Type of Action <u>Title</u> Name <u>Address</u>

HAdd

!Remove

LiChange

!Add

Remove

**IChange** 

. IAdd

**i**Remove

lAdd

. iRemove

1 TChange

]Add

' Remove

lChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E.	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
	Note: If the date inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the record 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 record is filed.

Dated Friday, November 22 J. 2024.

Manual Signature of a member or authorized representative of a member

Filing Fee: \$25.00