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H250001011783ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

ter the email address for this business entity to be used for future

Email Address:___

annual report mailings. Enter only one email address please. **

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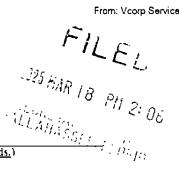
Help

K. SALY

MAR 19 2025

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



EDGE HOSPITALITY MANAGEMENT, 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 Company Florida document number <u>1.25000003418</u> | were filed on 01/02/2025 | and assigned | |
|--|--------------------------------------|------------------------------|--|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | | | |
| | , Flor Cuy | rida Zıp 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 Changing Registered Agent, Signature of New Registered Agent

2025-03-18 18:23:46 GMT

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 |
|--------------|---------------------------------------|----------------------|------------------|
| MGR | Simone B. Neto | 7389 Universal Blvd. | <u></u> ≅ Add |
| | | Orlando, FL 32819 | □ Remove |
| | | | ☐ Change |
| | | | □ [Add] Reinove |
| | | | □ Change |
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