

L200000 60157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

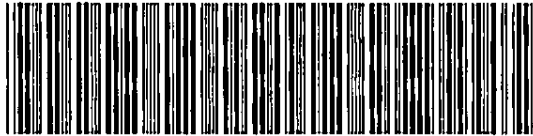
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/20--01010--023 **60.00

04/22/20 11:03

T GLASS

MAY 04 2020

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Eden Rowe LLC
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:

Taylor Eden Henderson
Name of Person

Eden Rowe LLC
Firm/Company

3803 Crystal Lake Drive
Address

Chipley, Florida 32428
City/State and Zip Code

taylorreden2000@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Eden Henderson at (850) 532-7936
Name of Person Area Code Daytime Telephone Number

2017.02.10:26

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$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

Eden Rowe 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 were filed on 2/24/2020 and assigned Florida document number L20000060157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (same)

Eden Rowe LLC

The new name must be distinguishable and contain the words "Limited Liability 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**)

(same)

3803 Crystal Lake Drive

Chipley, FL 32428

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

(same)

3803 Crystal Lake Drive

Chipley, FL 32428

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

same →
↳

Name of New Registered Agent:

Taylor Eden Henderson

New Registered Office Address:

3803 Crystal Lake Drive

Enter Florida street address

Chipley

City

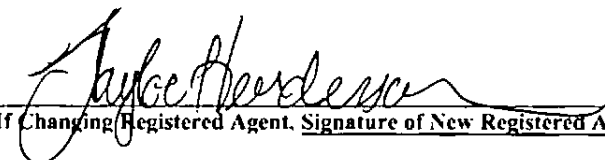
Florida

32428

Zip 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

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>	<u>Type of Action</u>
AMBR	Kelli Preston	1116 Fairy Avenue. Panama City, FL 32401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Kristi Henderson	3803 Crystal Lake Drive. Chipley, FL 32428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

I, Taylor Henderson, am the sole owner and only person affiliated with Eden Rowe LLC. I am also the listed registered agent. The only name that should be associated with the company. Please contact me with any question/concerns at (850) 532-7936.

2:11
2:2
10:26

E. Effective date, if other than the date of filing: 4/20/2020 (optional)
(If an 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable 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 April 18, 2020.



Signature of a member or authorized representative of a member

Taylor Henderson

Typed or printed name of signee