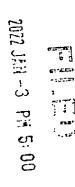
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: He	rbs of Ede	n L. L. C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Jader</u>	Menifee Name of Person	
	<u>Herbs</u> 0	Firm/Company	
	2641 In	agua Ave # 202	Davenport, FL 33897
		FL 33897 City/State and Zip Code At B Meniferen to be used for future annual report notif	terprises, com
For further information co	oncerning this matter, please co	all:	
Jadez N	leni Fee	at (951) 236 (Area Code Daytime	9 7 68 Telephone Number
Enclosed is a check for th	ne following amount:		,
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILED

· ·	
Herbs of Eden L	L.C. 2022 JAN -3 PH 5: 00
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
	11112821
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L21000025116</u> .	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liab	ility company here:
Menitee Enterprises LL	C
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:	3065 Daniels Ad
(Principal office address MUST BE A STREET ADDRESS)	#1125 Winter Garden, FL
Transpar office uniaress (400) 192 151 (221 / 1197 (25))	34787
	2066 Daviela Ad
Enter new mailing address, if applicable:	3065 Daniels Hd
(Mailing address MAY BE A POST OFFICE BOX)	#1125 Winter Garden, FL
	34781
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 name of the new registere
agent and/of the new registered office address here.	
Maria (Maria D. Zarra I.A. ar	
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:	

Thereby 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

a(II)	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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m ef ote:	ive date, if other than the date of filing:
	d 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 led.
ted	December 24th 2021
	Signature of a member of authorized representative of a member Jaden Menifee Typed or printed name of signee
	AA . C
	Jader Menitee

Filing Fee: \$25.00