L08000049873

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zıp/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Eden Cafeling (CC) (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:			
GENALD M. PENSER CPA (Name of Person)			
(Name of Person)			
GERALD M. PEPPER & ASSOCIATES, P.A.			
(Firm/Company)			
1515 UNIVERSITY DRIVE Str 114 FA &			
Conal Spainas, FLA 3307/			
(City/State and Zip Code)	J		
For further information concerning this matter, please call:			
(Name of Person) at (954) 755-5007 (Area Code & Daytime Telephone Number)			
(Maine of Ferson) (Area code & Paytime Forephone Fundor)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Eden CATERI	NG LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on MAY 13 120 00 and assigned		
Florida document number <u>L080000 49873</u> .	SSEE D		
This amendment is submitted to amend the following:	STATE STATE OF THE		
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limit	*** ***		
The new name must be distinguishable and end with the words "Limit "L.L.C."			
Enter new principal offices address, if applicable:	1400 N 46 AVR		
(Principal office address MUST BE A STREET ADDRESS)	_1400 <u>N 46 AVR</u> _HOLYWOOD, FL 33021		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 N 46 AVR Holly wpod , Fl. 33021		
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:			
Name of New Registered Agent:	mon Mergui		
New Registered Office Address: /HDO	1 46 AUL (Enter Florida street address)		
Hollyn	(Enter Florida street address) (Enter Florida _ 330,2/ (City) (Zin Code)		
	(City) (Zip Code)		
Now Dogistored Agent's Signature if changing Dogistored Agents			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Address Type of Action** <u>Name</u> YARON MAGUI Shimon Magui Remove Add 🏲 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00