## L09000058547

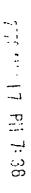
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## **COVER LETTER**

Division of Corp	tions		
SUBJECT:	LYEA EDEN	INVESTMENTS	LIC
	Name of Limit	LNVESTMENTS led Liability Company	
	Amendment and fee(s) are subn		
Please return all correspo	ndence concerning this matter t	o the following:	
		y 5 BAKER.  Name of Person	
	LYLA	EDEN INVESTME	WTS LLC
	28	Address	CIPCLE
		IZIANNA FL City/State and Zip Code	32448
	E-mail address: (t	75 BAKER 73 C (o be used for future annual report not	THAIL. COM
For further information c	oncerning this matter, please ca	ill:	
Poy Name o	BAUER FPerson	at ( <u>950</u> ) <u>209</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of	LaHahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 ' 17 Pi 7: 38

LILA EDEN (Name of the Limited Liab (A Flori	inves	TMENTS	uc	
( <u>Name of the Limited Liab</u> (A Flori	<u>rida Limited Lia</u>	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>Logocoo 5854</u>		rere filed on <u> </u>	une 16, 7 <u>00</u>	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the lin	imited liabili	ty company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "L	limited Liability	Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADI	DRESS)			
			·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If any all a share wintered a season of the season of t	and office and		ands onton the	
B. If amending the registered agent and/or register agent and/or the new registered office address here		aress on our re	coras, <u>enter the</u>	name of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Entar Flori	da street address	
		City	, Florid:	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete p Lagent as pr ered office o	erformance of s covided for in C	my duties, and I hapter 605, F.S.	am familiar with and Or, if this document is
	If Chang	ing Registered Age	ent, Signature of Ne	w 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>	Type of Action
N6R	CAMILLA & DURAND	1188 HARVEST RDEE PD	□Add
		MARIANNA FL 32448	Nemove
			Change
M62	VICKI H. BAKER	2853 WILDWOOD CIRCLE	(VAdd
		MAIRIANNA FL 32448	□Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
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f an effectiv <b>Note:</b> If th	re date is listed, the he date inserted in	an the date of fil date must be specific this block does no n the Department o	and cannot be pric of meet the appl	icable statutory			g.) Pursuant to 605	
record sp d is filed.	ecifies a delayed	effective date, but	not an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after	the:
Dated	AUbr	)5T (3 A Signature o	2 1/2 L	<u>.</u> .				
		Signature o	f a member or aut	—	itative of a memb	er	<del> </del>	
			Roy 5					

Filing Fee: \$25.00