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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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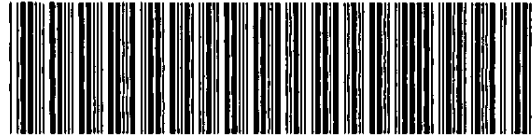
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eden Vest II, 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:

Sagi Shaked

Name of Person

Eden Vest II, LLC

Firm/Company

2999 NE 191st Street, Penthouse 6

Address

Aventura, FL 33180

City/State and Zip Code

sagilaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sagi Shaked

Name of Person

at (305) 790-5037

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Eden Vest II, 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 March 7, 2013 and assigned
Florida document number L13000035028

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Sagi Shaked
2999 NE 191st Street, Penthouse 6
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Sagi Shaked
2999 NE 191st Street, Penthouse 6
Aventura, FL 33180

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:

Sagi Shaked of Shaked Law Firm, P.A.

New Registered Office Address:

2999 NE 191st Street, Penthouse 6

Enter Florida street address

Aventura

City

Florida 33180

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 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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sagi Shaked	2999 NE 191st Street	<input checked="" type="checkbox"/> Add
		Penthouse 6	<input type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Steven R. Amster	Kodsi Law Firm, P.A.	<input type="checkbox"/> Add
		701 W. Cypress Creek Road, Suite 303	<input checked="" type="checkbox"/> Remove
		Ft. Lauderdale, FL 33309	
MGRM	Anat Shaked	2999 NE 191st Street,	<input checked="" type="checkbox"/> Add
		Penthouse 6	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 AUG 2007
 10:50
 SEC. OF STATE
 TALLAHASSEE, FLORIDA

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

N/A

Dated

August 29, 2013

Signature of a member or authorized representative of a member

Sapi Shalied

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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