L15000171783

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2015 NOV 24 P 12: 48
SECRETARY OF STATE

NOV 25 2015

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COVER LETTER

TO: Registration Se Division of Cor				
Edengate I SUBJECT:	Development, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.			
Please return all correspo	ondence concerning this matter to the following:			
	Brian Goodkind			
	Name of Person			
	Law Offices of Brian K. Goodkind			
Firm/Company				
	4121 La Playa Blvd.			
	Address			
	Coconut Grove, Florida 33133			
	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please call:			
Kenneth Florio	786 925-2144 at ()			
Name o	of Person Area Code Daytime Telephone Number			
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	us &		

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

Edengate Development, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L15000171783	ompany were filed on October 8, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Edengate NOMA, LLC	
The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation of the contain the words the contain t	ited 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 ADDR	PESS)
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:	tered office address on our records, enter the name of the new ress here:
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coaccept the obligations of my position as registered agent.	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is a doffice address, I hereby confirm that the limited liability If Changing Registered Agent, Signature of New Registered Agent
	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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			Remove
			CRE 100 Change 20 Add 20 Change 20 C
			Remove

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Filing Fee: \$25.00