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SECTETARY OF STATES

MAY 04 2016 S. YOUNG

COVER LETTER

Division of Co			
Eden Soft SUBJECT:	ware Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ernest B Fisher		
		Name of Person	
	Eden Software Solutions L	LC	
		Firm/Company	
7924 Forest City Rd Suite 218		30 S	
		Address	
	Orlando, FL 32810		ပ် ဇ္ဇာ
	EBF@EdenHG.com	City/State and Zip Code	Dation)
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Ernest B Fisher		407 721-3667	
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 & 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)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eden Software Solutions LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L16000000176	ompany were filed on 12/29/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 20
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
		平 型源
Enter new mailing address, if applicable:		المراج وي
(Mailing address MAY BE A POST OFFICE BOX)		<u>5 </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		er the name of the new
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:

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 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ernest B Fisher	1558 Deer Crack Rd Ostern FT 32764	A dd
			🗆 Remove
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ffective date if	other than the date of	f filina:		(optional)	
an effective date is lote: If the date	listed, the date must be spec inserted in this block does ive date on the Departme	offic and cannot be pri	or to date of filing or mo icable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207 will not be listed as
e record spec The 90th day	ifies a delayed effect after the record is	tive date, but r filed.	not an effective ti	me, at 12:01 a.m.	on the earlier of
ated April	26	2016			
	_		Land thorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00