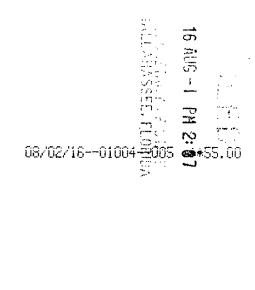
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Garden of Eden Event Planning Services, 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:
Eden Friedberg Name of Person
Name of Person
F: (C
Firm/Company
3691 Lakenew Blvd.
Address
Delray Beach, FL 33445 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eden Friedberg at (501) 945-42164 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$\$\$ \$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

TO ARTICLES OF ORGANIZATION OF

Garden of Eden Event Planni (Name of the Limited Liability Company as it in (A Florida Limited Liability Company)	na Senias LLC low appears on our records.)	
(A Florida Limited Liability C	Confpany)	
The Articles of Organization for this Limited Liability Company were fil Florida document number $\lfloor 14000079371 \rfloor$.	led on 4 22 16	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	Sagar, Sagar Sagar Sagar	_
	다. 실거 (1년	
	75. 75. 75.	<u>ਰ</u>
Enter new mailing address, if applicable:	のこ mrk m.	
(Mailing address MAY BE A POST OFFICE BOX)	71	-
		-
		
B. If amending the registered agent and/or registered office ad-	dress on our records, enter th	e name of the new
registered agent and/or the new registered office address here:	,	•
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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Eden Friedberg	3691 Lakericu Blvd. Delray Bea	FL, 33445 Ch pl Add
	v		🗅 Remove
			☐ Change
AMBR	Jonathan Friedberg	3691 Lakeinew Blvd. Delray Boh,	FL 33445 Add
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f an effe Note: docum	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill if the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Pursu ate will no	ot be lis	ted as t
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Filing Fee: \$25.00