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2016 MAY 23 P 3 03
SECRETARY OF STATE
TAIL AND SEEF FINDING.

MAY 24 2013 -). BRUCE

COVER LETTER

SUBJECT: <u>LDE</u>	<u> </u>	ROPERTIES	LLC	
	Name of Limi	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Marga	Name of Person	<u>S</u>	
		Firm/Company		
	3944 U	U. Eden Roc Address	Civcle	
-	Tarupa mbowle E-mail address: (t	City/State and Zip Code S Pa e eav 4h o be used for future annual report notif	link.net	
For further information conce	erning this matter, please ca	II:	2016 SEC TALL	***************************************
Nume of Per	t Bowles	S at (813) 220 Area Code Daytime	SECRETARY 23 P	
Enclosed is a check for the fo	ollowing amount:		STATE LORIE	
	\$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 enclos	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION

,	one zamie zaminy company,
The Articles of Organization for this Limited Liabili Florida document number <u>L1600009</u> 3	ty Company were filed on May 12, 2016 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the EDEN ROC	limited liability company here: PROPERTIES LLC "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	
(Principal office address MUST BE A STREET AI	DDRESS)
	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	
Name of New Registered Agent:	ZOIG MAY
New Registered Office Address:	ASS
	Florida street address Florida Florida Florida
_	
New Registered Agent's Signature, if changing Regist	tered 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>	Address	Type of Action
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
	ent's effective date on the Department of State's records.	1
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e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 所 on the early 90th day after the record is filed.	e, i
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	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00