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Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1052 Eden Isle, 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:

James Morey

\_\_\_\_\_  
Name of Person

Bond Schoeneck & King, PLLC

\_\_\_\_\_  
Firm/Company

4001 Tamiami Trail N, Suite 250

\_\_\_\_\_  
Address

Naples, Florida 34103

\_\_\_\_\_  
City/State and Zip Code

jmorey@bsk.com

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

For further information concerning this matter, please call:

Jim Morey

239 659-3813  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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

1052 Eden Isle, 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 8/15/16 and assigned  
Florida document number L16000152852.

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 contain 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)**

76 4th Street North

Suite 2058

St. Petersburg, Florida 33731

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

76 4th Street North

Suite 2058

St. Petersburg, Florida 33731

**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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Type of Action</u>
MGR	Iwan Stokin	1052 Eden Isle Drive NE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		St. Petersburg, FL 33704	<input type="checkbox"/> Change
MGR	Irene S. Lenhart	76 4th Street North	<input checked="" type="checkbox"/> Add
		Suite 2058	<input type="checkbox"/> Remove
		St. Petersburg FL 33731	<input type="checkbox"/> Change
MGR	James F Morey	4001 Tamiami Trail N	<input type="checkbox"/> Add
		Suite 250	<input checked="" type="checkbox"/> Remove
		Naples, FL 34103	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 AUG 29 AM 11:48  
 OFFICE OF THE  
 CLERK OF THE  
 CIRCUIT COURT OF  
 THE 13TH JUDICIAL  
 CIRCUIT IN  
 FLORIDA

16 AUG 24 AM 11:30  
ALL ORASSEE FLO

ALL THASSEE FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 23, 2016

James F. Moran

Typed or printed name of signee