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| (Requestor's Name) | |
| (Address) | _ |
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| (Address) | _ |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| (2004) | |
| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Edenwalk Adult Care 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: |
| Joseph Beckford Name of Person |
| Edenwalk Adult Home LLC |
| 11960 SW 172ND ST |
| Miami, FL 33177 City/State and Zip Code eden walk @ outlook.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Joseph Beckford at (786) 290-5832 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Sad.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

| <u>tdenwalk</u> H | dult | Care | LLC | | | |
|--|---|----------------------------|----------------|----------------|-----------|---------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it imited Liability | now appears on Company) | our records.) | | | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000187826</u> | mpany were f | led on <u>Se</u> | pt 1, 2 | 2017 | and ass | signed |
| This amendment is submitted to amend the following: | | | | | | |
| <u> </u> | e LLC | | | | | 1.02 |
| · · | ed Liability Com | pany, the design | nation "LLC o | r the apprevia | RION "L. | .lC, |
| Enter new principal offices address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | | | | | |
| Enter new mailing address, if applicable: | | | | 9 . 87 | = | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | 77 | Ϋ́ | , |
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| B. If amending the registered agent and/or registered agent and/or the new registered office addre | ered office a ess here: | ddress on ou | ır records, | enter—the | name E | of the n |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | | | | | |
| | | Enter Florida | street address | | | |
| | ing: he limited liability company here: Home LLC ds "Limited Liability Company," the designation "LLC" or the abbrevalle: ADDRESS) registered office address on our records, enter-the decaddress here: Enter Florida street address Florida | | | | | |
| | Ci | y' | | Z | ip 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|----------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date | | (optional) | | |
| e: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records. Record specifies a delayed effective date, but not an | tatutory filing requ | irements, this date wi | Il not be | e listed |
| ne 90th day after the record is filed. | enective time, | at 12.01 a.III. 01 | ine e | ане |
| d Sept. 12nd . 2017 | | | | |
| Signature of a member of authorized | representative of a m | ember | | _ |
| Signature of a member or authorized | | | | |

Page 3 of 3

Filing Fee: \$25.00