61800036829

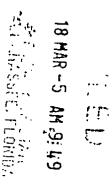
| (Red | questor's Name) | | |
|---|---------------------|--------------|--|
| (Add | iress) | | |
| (Add | dress) | | |
| (City | //State/Zip/Phone # | <i>f</i>) | |
| PICK-UP | WAIT | MAIL | |
| (Bus | siness Entity Name |) | |
| (Document Number) | | | |
| Certified Copies | Certificates o | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



100309183371

02/21/18--01002--002 **25.00



MAR 0 6 2018 Y SULKER

COVER LETTER

| Division of Cor | | | |
|---|--|----------------------------------|--|
| SUBJECT: Eden | Lee LLC | | |
| SOBJECT. | Name of Limited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Statement | of Correction and fee(s) ar | re submitted for filing. | |
| Please return all correspo | ondence concerning this m | atter to the following: | |
| Elisha Ever | 'S | | |
| | Name of Person | | |
| Eden Lee L | LC | | |
| | Firm/Company | | |
| 3838 Tamia | ami Trail N, | Ste 416 | |
| Naples, FL | | | |
| | ty/State and Zip Code | | |
| | inter-realty. | | |
| E-mail address: (to | be used for future annual | report notification) | |
| For further information c | oncerning this matter, ple | ase call: | |
| Scarlett Co | nrad | _{at (} 239) 2 | 2134000 Daytime Telephone Number |
| Name o | l'Person | Area Code | Daytime Telephone Number |
| STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230 | ircle | Reg Div P.O | ILING ADDRESS: jistration Section ision of Corporations . Box 6327 lahassee, Florida 32314 |
| Enclosed is a check for | the following amount: | | |
| S25 Filing Fee | S30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | S60 Filing Fee. Certificate of Status & Certified Copy |

CR2E062 (9/15)



February 22, 2018

ELISHA EVERS 3838 TAMIAMI TRAIL N STE 416 NAPLES, FL 34103

SUBJECT: EDEN LEE LLC Ref. Number: L18000036829

We have received your document for EDEN LEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00003741

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

| FIRST | $\underline{\mathbf{r}}$: The name of the limited liability company is: \underline{Eden} | Lee LLC |
|-------------------------------|---|---|
| <u>SECO</u> | ND: The Florida Document number of the limited lia | bility company is: L18000036829 |
| <u>THIR</u> | <u>D</u> : Document to be corrected is: Manager [| Name |
| | (CHECK THE APPROPRIATE BOX AND CO | MPLETE THE APPLICABLE STATEMENT |
| x | Contains an incorrect statement. The incorrect statement statement are as follows: | |
| | remove Rainer Filthaut as a M | anager |
| | add Elisha Evers as Manager | |
| | Same address | |
| | <u>OR</u> | |
| | Was defectively signed. The manner in which the docum as follows: | ent was defectively signed and the appropriate correction are |
| | | 1 |
| | <u>OR</u> | , |
| | The electronic transmission of the record was defective. | |
| | - 122 | 31,12,0 |
| | Signature of Authorized Representative | Date |
| _ | ure of new registered agent, if applicable :(NOTE: if correcting the designation). | ting the registered agent, the new registered agent must sign |
| New R | egistered Agent's Signature, if changing Registered Agent: | |
| provisi obligai reflect | tions of my position as registered agent as provided for in C | act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing |
| | | 7 |
| | Registered Age | ent's Signature |
| | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) |

CR2E062 (9/15)