118000134843

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COVER LETTER

Eden Samp	ole LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gideon Harari		
		Name of Purson	
		Firm/Company	
	18891 NL 20th Ct		
	Miami, Fl. 33179	Address	
	SnowBirdGH/ajuol.com	City/State and Zip Code	
	•	to be used for future annual report noti	fication)
For further information e	concerning this matter, please ca	eH:	
Gideon Harari		305 785-4143	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Epolosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 F(ling Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo-

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eden Sample LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.18000134843}{1.18000134843}$	Company were filed on 05/30/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iled liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.I("
Enter new principal offices address, if applicable:		Sign Sign Ech
(Principal office address MUST BE A STREET ADD)	RESS)	
		ن 55٪ لا
		RP CS
Enter new mailing address, if applicable:		2: NATE OF THE PERSON OF THE P
(Mailing address MAY BE A POST OFFICE BOX)		- Sk
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the ne
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. Thereby 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
MGR	Carmi Harari	18891 NE 20th Court	⊞ Add
		Miami, F1, 33179	☐ Remove
			☐ Change
			O Add
			☐ Remove
			Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			
			☐ Remove
			□ Change

Carmi Harari is an Owner an	Manager	
David Harari is a Manager		
	·	
	· · · · · · · · · · · · · · · · · · ·	
		JUL
		16
		PM
ive date, if other than the fective date is listed, the date mus. If the date inserted in this blancht's effective date on the De	be specific and cannot be prior to date of filing or m ck does not meet the applicable statutory filin	(optional) fore than 90 days after filing.) Pursuant to 605, g requirements, this date will not be liste
cord specifies a delayed 90th day after the rec	effective date, but not an effective tord is filed.	ime, at 12:01 a.m. on the earlie
July 5	2018	
	alletan	
	Signature of a member or authorized representative	

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Filing Fee: \$25.00