## 118000/4994

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: 12	B (ravage Name of Lim	Door EX f	CFTS L.L.C
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	123 6a	Firm/Company	= XPCbt S
		Kh 15 St Address	
	Hollywood  Matornohad  E-mail address: (1)	FL 33020 City/State and Zip Code 1979 QS M2:1. L& M to be used for future annual report notif	fication)
For further information	concerning this matter, please co		
MATAN	OHAD of Person	at ( <u>253</u> ) <u>3 :54 3</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
<b>28.</b> \$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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a	sit now appears on our records.)
(A Florida Limited Liabi	lity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on $00/8/20$ and assigned
Florida document number <u>L 18000 [4994]</u> .	
This amendment is submitted to amend the following:	
Ç	
A. If amending name, enter the new name of the limited liability  EDEN GARAGE DOOF	15 L.L.C
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	PH
B. If amending the registered agent and/or registered office	address on our records onter the name of the name
registered agent and/or the new registered office address here:	address on our records, enter the name or the new
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 provisions of all statutes relative to the proper and complete perpaccept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change
<del></del>			
			☐ Remove
			□ Change

<del> </del>
E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
document seriective date on the Department of State s records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the record is filed.
Dated 06/06/2019.
Dated 66/66/2019.
///
Signature of a member or authorized representative of a member
A
MATAJ OHAD Typed or printed name of Signee
yper or printed name or signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00