

L18000195761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

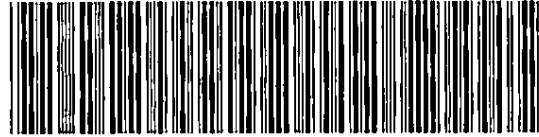
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDEN'S VOICE, 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:

KYLE SULOVSKI

Name of Person

EDEN'S VOICE

Firm/Company

401 S COUNTY RD P.O. BOX 2333

Address

PALM BEACH, FL, 33480

City/State and Zip Code

EDENVOICE@MAIL.COM

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

For further information concerning this matter, please call:

KYLE SULOVSKI

910 3795434
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

EDEN'S VOICE, LLC

(A Florida Limited Liability Company)

15 (5)

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.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)

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

_____, Florida
City

Ziv 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

Title	Name	Address	Type of Action
AMBR	WANGYANG LU	14880 BLACK BEAR RD PALM BEACH GARDENS, FL, 33418	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KYLE SULOVSKI	14880 BLACKBEAR RD PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MONET OHARA	14880 BLACKBEAR RD PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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STRUCTURE OF LLC IS MEMBER-MANAGED


18 NOV 19 11 54
FBI WASH DC

18 NOV 19 AT 09:55
FBI NEW YORK
FBI NEW YORK



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 20 AUGUST, 2018


Signature of a

Signature of a member or authorized representative of a member

KYLE SULOVSKI

Typed or printed name of signee