

L18000 199977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

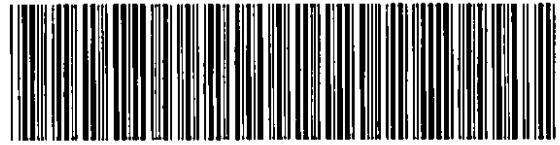
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 27 AM 9:01

N COOPER

AUG 30 2018

## Articles of Amendment Cover Letter

\*Adding authorized persons to Eden Movement LLC

Julie Peck

Daytime phone #: 330.801.0775

Return Address: 204 37th Ave N #444 St. Petersburg, FL  
33704

FOUNDER

EDEN MOVEMENT

info@eden-movement.com

# EDEN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2001 ANNUAL REPORT  
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:

JOHN E. DEAN  
Name of Person  
2001 ANNUAL REPORT  
Firm/Company  
2001 ANNUAL REPORT  
Address  
2001 ANNUAL REPORT  
City/State and Zip Code  
2001 ANNUAL REPORT  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN E. DEAN at ( 330 ) 615-1115  
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



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>	<u>Address</u>	<u>Type of Action</u>
1. MGR	J. E. FEAR	304 S. 1st Ave. N.	<input type="checkbox"/> Add
		41111	<input type="checkbox"/> Remove
		4. 1st St. S. N. 3373	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 AUG 27 AM 9:01

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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

5213

11/12/24

Signature of a member or authorized representative of a member

1000

Typed or printed name of signee