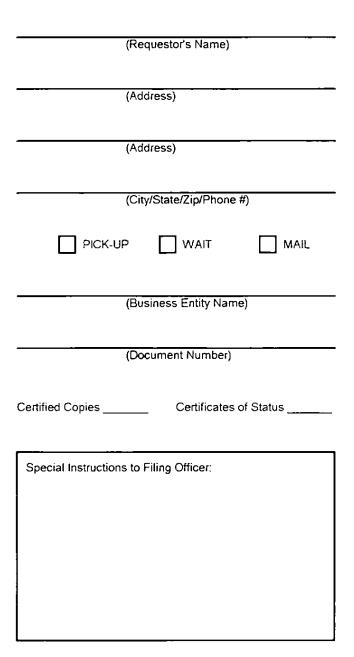
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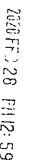




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12/16/19--01015--006 **25.00

R. WHITE MAR 0 2 2020





COVER LETTÈR

TO: Registration Sec Division of Corp			
SUBJECT:	J.E.R.	Enterprise ited Liability Company	#1, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Iveliss	e Berarde Name of Person	<u>//</u>
	·		
	2096 (Firm/Company Tuadeloupe Address	Dr.
	Welling eveberar	City/State and Zip Code Lellia yak to be used for future annual report noti	33414 100.com
P. C. A. C. C. William			fication)
	oncerning this matter, please ca		
Juelisse	Berardelli	at (917) 60	08 - 4 1 1 1
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2020

IVELISSE BERAR 2096 GUADELOUPE DR WELLINGTON, FL 33414

SUBJECT: J.E.R. ENTERPRISE #1, LLC

Ref. Number: L19000167043

We have received your document for J.E.R. ENTERPRISE #1, 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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 020A00001485

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

J.E.R. E	Interpri	se #	1, 2	[C8 PH 1:00
(Name of the Limited Lia (A Flo	bility Company as it rida Limited Liability	now appears on o Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company were f 43	filed on <i>Ju/</i>	ne 25, 201	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l				
Garden of Eve	LLC.			
the new name must be distinguishable and contain the words "l			_	
Enter new principal offices address, if applicable:	<u></u>	2096 C	suadelory	22 Drive 33414
Principal office address MUST BE A STREET AD	DRESS)	vellingto	on, FL	<i>3</i> 3414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address her		s on our record	s, enter the name	of the new registered
Name of New Registered Agent:	Ivelisse	2 Ber	rardelli	
New Registered Office Address:	2096	Guada Enter Florida str	ver address	Dr 33414 Xip Code
	WElling	don	Florida	33414 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, 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

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Name Title AMBR Richard Berardelli 2096 Guadeloupe Drive DAdd Wellington, FL 334H Remove □ Change 6845 Audubon DAdd Wellington, FL 33414 AMBR Joel Kosen □ Change _____ □Change _____ □Remove _____ □Change ____ □Remove □Remove _____ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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effective	é date is listed, the	e date must be spe in this block do	cific and car	inot be prior	to date of file	ing or more th	ian 90 days aft	er Iiling.) Pur	nuant to 605.02 not be listed
ument':	s effective date	on the Departm	ent of State	e's records					
cord sp s filed.	ecifies a delayed	i effective date.	but not an	effective t	ine, at 12:0	I a.m. on th	e earlier of:	(b) The 90t	h day aller ti
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		Signati	ure of a men	nber or auth	orized repres	entative of a	member		

Filing Fee: \$25.00