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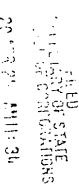
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

Division of Cor						
EDEN HO	USES LLC					
SUBJECT:	Name of Lin	ited Liability Company	•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
	ANDRE MASSANGA					
		Name of Person				
	EDEN HOUSES LLC					
		Firm/Company				
	1919 Meadow Crest					
		Address				
	Apopka, FL 32712					
		City/State and Zip C	ode			
	MASSANGA65@HOTMA			· · · · · · · · · · · · · · · · · · ·		
		to be used for future an	nual report notif	ication)		
For further information c	concerning this matter, please c	all:			20	
Andre Massanga		407 at (8817200		70	
Name o	if Person	Area Code	Daytime	: Telephone Number	; <u>.</u>	
Enclosed is a check for the	he following amount:				بعاد: 	2017 2017 2018
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		S. S
Mailing Addres	::	S•	nt Addrace			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDEN HOUSES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L.	iability Company	were filed on $\frac{03/030/1}{2}$	2020	and assigned
Florida document number L20000091934	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	N/A			<u></u>
New Registered Office Address:				
		Enter Florida st	reet 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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
MGR	ANDRE MASSANGA	1919 Meadow Crest Dr, Apopka, FL 32712	□Add
			Remove
			🖺 Change
AMBR	HILDA MARQUEZ	1919 Meadow Crest Dr, Apopka, FL 32712	□Add
			□Remove
			■Change
AMBR	ANGELA UMBA MASSANGA	1919 Meadow Crest Dr, Apopka, FL 32712	B Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
7.74			□Add
			🗀 Remove
			□Change
			□Add
			Remove
			□Change

). If amending any other inform	nation, enter change(s) here: (Attac	ch additional sheets, if necessary.)
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	ust be specific and cannot be prior to date of block does not meet the applicable statu	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(utory filing requirements, this date will not be listed as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 21	2020	
() A	n die Massassa	
	Signature of a member or authorized rep	presentative of a member
ANDRE MASSANG		
	Typed or printed name of	of signee

•