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## **COVER LETTER**

TO: Registration So Division of Co						
	dianship Services					
SUBJECT:	Name of Lin	nited Liability Company				
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	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	Lashunia Frazier					
		Name of Person		_		
	Eden Guardianship					
		Firm/Company		_		
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		Address			OC 1	17
	Ocala, FL. 34483				2021 OCT 29	751 748 P
		City/State and Zip Code		-(o -	320 310	;
	lashuniafrazier@gmail.com			10 100 2007	AH II: 45	.,
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)	ring.	£5	
Lashunia Frazier		352 286-1071				
Name o	f Person	at () Area Code Daytin	ne Telephone Numbe	r		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Address		Street Address:	ution			
Registration S  Division of C		Registration Se Division of Co				
P.O. Box 632	27	The Centre of	Γallahassee			
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 8	(10		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Eden Guardianship Services

(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 Liability Company were filed on May 6, 2020 Florida document number L20000123325 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 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.

1	θ
If Ci	hanging 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>	<u>Name</u>	Address	Type of Action
MGR	Jsamila McWhite	4753 Dandelion Drive Orlando, FL. 32818	<b>=</b> Add
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	rd specifies a delayed ef led.	fective date, but no	ot an effective t	ime, at 12:01 a.n	1. on the earlier o	f: (b) The 90th c	lay after the
d is fil	October 25		2021	·			
d is fil	October 25	5/		·			
d is fil	October 25	Signature of a		orized representati	ve of a member		