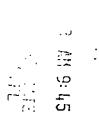
# 2100014902

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED
2021 AUG 13 PH 12: 21

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 955692 7446854

Spure

ORDER DATE : August 12, 2021

ORDER TIME : 9:45 AM

ORDER NO. : 955692-010

CUSTOMER NO: 7446854

## DOMESTIC AMENDMENT FILING

NAME: EDEN LIVING PARTNERS, LLC

AUTHORIZATION

COST LIMIT :

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:

TO:	Registration So Division of Cor			
SUBJE	ECT:	Eden Livi	ng Partners, LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	Kenneth Florio			
			Name of Person	
			Goodkind & Florio, P.A. Firm/Company	
			12861 SW 68th Avenue Address	<u> </u>
			ridaress	
			Pinecrest, Florida 33156	
		,	City/State and Zip Code	
		hu E-mail address: (	imberto@rivergatere.com to be used for future annual repor	rt notification)
For furt	ther information c	oncerning this matter, please c	all:	
	Kenneth	n Florio	at ( <u>786</u> )	713-5017
	Name o	f Person	Arca Code D	713-5017 aytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>3</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		<u>Street Addre</u>	
Registration Section Division of Corporations			Registration Division of	n Section Corporations
	P.O. Box 632	•		of Tallahassee
	Tallahassee, I	FL 32314	2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ede	n Living Partners, LLC			
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability			and ass	igned
lorida document number	<u>.                                    </u>			
his amendment is submitted to amend the following	<u>g</u> :			
. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
Edengate Living Partners, LLC				
he new name must be distinguishable and contain the words."	Limited Liability Company," the de	signation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AL	DDRESS)			
	-			
Inter new mailing address, if applicable:				٠.
Mailing address MAY BE A POST OFFICE BOX				
			23	1.73
			. 2	
3. If amending the registered agent and/or regist		cords, <u>enter the na</u> n	ne of the nev	v register
gent and/or the new registered office address her	<u>re</u> :	•	[i] o	
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
	Enter Flori	da street 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jay Jacobson	2801 SW 31st Avenue, Suite 2B	<b></b>
		Miami, FL 33133	□Remove
			□Change
_MGR_	Jay Massirman	2801 SW 31st Avenue, Suite 2B	<b>∏</b> Add
		Miami, FL 33133	□Remove
			□ Change
			□Remove
		□Change	
		<del></del>	□Add
		<del></del>	□Remove
		<del></del>	□ Change
	<del></del>	🗆 Add	
			□Remove
			□Change
			□Add
			□Remove
		□ Change	

E. Effective date, if other than the date of filing:  (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 695.020:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 the	o. It amending any	other information, e	nter change(s) here.	унист иципота	i sneets, ij neeessai	, <i>,</i>
C. Effective date, if other than the date of filing:  (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 605.0201  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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						
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to nea.	the record specifies a cord is filed.	a delayed effective date,	but not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) Ti	he 90th day after the
Dated August 13 2021	Dated	August 13	2021	· ·		
Signature of a member or authorized representative of a member		Signatu	ire of a member or authori	H zed representative of a	member	
Kenneth R. Florio  Typed or printed name of signee						

Filing Fee: \$25.00