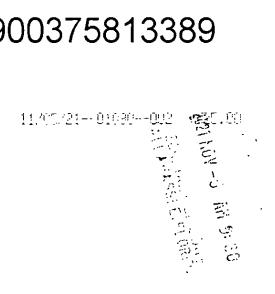
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## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor |  |  |  |   |
|--|--|--|--|---|
|  | LS DEVELOPMENT, LLC                          |  | •  |   |
| SUBJECT:                               | Name of Limi                                 | ited Liability Company   |  |   |
| The enclosed Articles of .             | Amendment and fee(s) are sub-                | mitted for filing.   |  |   |
| Please return all correspo             | ndence concerning this matter                | to the following:  |  |   |
|  | Cori Marshall, Esq.                          |  |  |   |
|  |  | Name of Person   |  |   |
|  | Katz & Doorakian Law Fir                     | m, P.L.  | Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ddress: ation Section n of Corporations |   |
|  |  | Firm/Company   |  |   |
|  | 625 N. Flagler Drive, Suite                  | : 605  |  | me Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ection proporations |
|  | -  | Address  |  |   |
|  | West Palm Beach, FL 3340                     | ) l  |  | e-S   |
|  |  | City/State and Zip Code  |  | <b>13</b>   |
|  | cmarshall@katzlawpl.com                      | 1  |  | 9   |
| For further information c              | oncerning this matter, please c              |  | report normeanon)  | 5   |
| Cori Marshall                          |  | 561 721  | 16731  |   |
| Name o                                 | i Person                                     | Area Code  | Daytime Telephone Number   | 25.   |
| Enclosed is a check for the            | he following amount:                         |  |  |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee a<br>Certified Copy<br>(additional copy is enc | Certificate<br>(losed) Certified (   | e of Status &<br>Copy   |
| <u>Mailing Addres</u><br>Registration  |  | Street A   |  |   |
| Division of C                          |  | ~  | n of Corporations  |   |
| P.O. Box 632                           |  |  | ntre of Tallahassee  | 1.0   |
| Tallahassee.                           | FL 32314                                     | 2415 N   | . Monroe Street, Suite 81  | IU  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EDENWELLS DEVELOPMENT, LLC  |  |  |
|---|--|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim         | ompany as it now appears on our records.)<br>ited Liability Company) | 4-44                                   |
| The Articles of Organization for this Limited Liability Comp        | pany were filed on June 1, 2021                                      | and assigned                           |
| Florida document number L21000254418                                |  |  |
| This amendment is submitted to amend the following:                 |  |  |
| A. If amending name, enter the new name of the limited              | liability company here:  |  |
| EDEN WELLS DEVELOPMENT, LLC   |  |  |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or                         | the abbreviation "L.L.C."              |
| Enter new principal offices address, if applicable:                 |  |  |
| Principal office address MUST BE A STREET ADDRES.                   | <u> </u>   |  |
|   |  |  |
|   |  | ~~                                     |
| Enter new mailing address, if applicable:                           |  | 121<br>121                             |
| (Mailing address MAY BE A POST OFFICE BOX)                          |  | 2                                      |
|   |  | <i>5</i> , ≥                           |
|   | *  | ************************************** |
| B. If amending the registered agent and/or registered of            | fice address on our records, enter the                               | e name of the new registe              |
| agent and/or the new registered office address here:                | <del>.</del>   | 0R. 3                                  |
|   |  | 5                                      |
| Name of New Registered Agent:                                       |  |  |
|   |  |  |
| New Registered Office Address:                                      | Enter Florida street address   | <u> </u>                               |
|   |  |  |
|   | , Florie   | da<br>Zip Code                         |
|   | C 11,1   |  |

## 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| ffective date lif    | other than the dat                              | e of filing:            | June 1, 2021     |                     | 1                | (optional)       |                     |                      |
| an effective date is | listed, the date must be inserted in this block | specific and ca-        | nnot be prior to | date of filing or a | nore than 90 day | s after filing.) | Pursuant to         | 605.020<br>beted a   |
| ocument's effect     | inserted in this block<br>ive date on the Depar | tment of Stat           | e's records.     | ie statutory im     | ig requirement   | s, tins date v   | in not be           | nsteu a              |
|                      |   |                         |                  |                     |                  |                  |                     |                      |
|                      | a delayed effective da                          | te, but not an          | effective time   | e, at 12:01 a m.    | on the earlier   | of: (b) The      | 90th day a          | ifter the            |
| d is filed.          |   |                         |                  |                     |                  |                  |                     |                      |
|                      | 3   |                         | 2021             |                     |                  |                  |                     |                      |
| November November    | <u> </u>  | ·                       |                  |                     |                  |                  |                     |                      |
| November             |   | . /                     |                  |                     |                  |                  |                     |                      |
| Pated November       | Dans  | $\mathcal{A}^{\prime}I$ | _ )              | zed representativ   |                  |                  |                     | _                    |

Filing Fee: \$25.00