L21000281214

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: | EYDREN LLC | | | | |
|--|------------------------|-------------------------------|---|------------------------|--|
| | | Name of Limit | ed Liability Company | | |
| The enclosed Art | icles of Amendment. | and fee(s) are subn | nitted for filing. | | |
| | correspondence conce | | | | |
| | | | ADRIAN A SANCHEZ | | |
| | | | Name of Person | | |
| | | | EYDREN LLC | | |
| | | | Firm/Company | | |
| | _ | 6 | 970 BIRD ROAD, APT 4 | | |
| | | | Address | | : E |
| MIAMI, FL 33155 | | | | | |
| MIAMI, FL 33155 City/State and Zip Code eydrenconelritmo@gmail.com | | | | N. 47 | |
| | | = | be used for future annual re | | <u> </u> |
| For further inform | nation concerning thi | s matter, please cal | 11: | | |
| ΑI | DRIAN A SANCHEZ | | at (786) | 612-9777 | |
| | Name of Person | | Area Code | Daytime Telephone Nu | mber |
| Enclosed is a che- | ck for the following : | amount: | | | |
| □ \$25.00 Filing | | Filing Fee & ficate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is encle | Certi | 00 Filing Fee, ificate of Status & fied Copy ional copy is enclosed |
| | | | | | |
| Mailing Address: Registration Section | | | Street Add Registra | dress: tion Section | |
| Division of Corporations | | | | of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EYDRE | | an aur nasand. | |
|---|---------------------------|------------------------------|--------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | ted Liability Company) | s on our records. | |
| The Articles of Organization for this Limited Liability Compa | any were filed on | JUNE 17, 2021 | and assigned |
| Florida document numberL21000281214 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited I | liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the do | esignation "LLC" or the abb | previation "L.1C." |
| Enter new principal offices address, if applicable: | 6970 BIRE | D ROAD, APT 4 | |
| (Principal office address MUST BE A STREET ADDRESS | <u> МІАМ</u> | I. FL 33155 | <u> </u> |
| | | | 77 |
| | | | <u>₹</u> > |
| Enter new mailing address, if applicable: | 6970 BIRD |) ROAD, APT 4 | 77 |
| (Mailing address MAY BE A POST OFFICE BOX) | МІАМ | I, FL 33155 | |
| | | i | ≟ုံ လ ဟ |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: | ice address on our re | ecords, <u>enter the nam</u> | ုန္ တ |
| New Registered Office Address: | 6970 BIRE |) ROAD, APT 4 | |
| isew registered Office Address. | Enter Flor | ida street address | |
| | МІАМІ | Florida | 33155 |
| | 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> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------|----------------|
| MGR | MIGUEL M PEREZ | 3139 SW 25 ST | □Add |
| | | MIAMI, FL 33133 | ■Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □ Change |
| | | | E SAdd |
| | | | ElChange 2 |
| | | | □Add |
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| Effective date, if other than the date of filing: ((fina 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 0,207 Note: If the date inserted in filis 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 ord is filed. Dated APRIL 19 2023 APRIL 19 2024 APRIL 19 2025 APRIL 19 2026 APRIL 19 2027 APRIL 19 2028 APRIL 19 2029 APRIL 19 2020 APRIL 19 2020 APRIL 19 2020 APRIL 19 2021 APRIL 19 2023 APRIL 19 2023 APRIL 19 2024 APRIL 19 2025 | . If amendi | ing any other info | rmation, enter ch | nange(s) here: /. | Attach additional s | heets, if necess | ary.) | | |
|--|-------------------------------|---|--|--|---------------------------|---------------------------------------|----------------|------------------------|--------------------|
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| Signature of a member or authorized representative of a member | and is med. | | | | | | | ري. دين در | |
| Signature of a member or authorized representative of a member | Dated | APRIL 19 | | 2023 . | | | | | r |
| ADDIANA CANCUEZ | | | | | | | | 50 50 | • |
| ADDIANA CANCUEZ | | | Signature of an | veriber or authorize | d representative of a p | nember | | | |
| | | | e.marculari | nomine of diamonize | a representative or dill | .c.moci | - | === | |
| Typed or printed name of signee | | | | | | | 1 1 | <u>ු</u> | |

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Filing Fee: \$25.00