9/24/21, 9:13 AM

# Plorida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@serberlawfirm.com	
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDEN PROPERTY INVESTMENT, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDEN PROPERTY INVESTMENT, L		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Clability Company)	2021
The Articles of Organization for this Limited Liability Comp	any were filed on09/09/2021	and as and 24
This amendment is submitted to amend the following:		or stab Regration <b>AM 10:</b>
A. If amending name, enter the new name of the limited	liability company here:	<b>5</b>
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:  4324 W Whitewater Ave Westor		eston FL 33332
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  4324 W Whitewater Ave		eston FL 33332
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	d office address on our records, <u>en</u> <u>here</u> :	ter the name of the ne
New Registered Office Address:	Enter Florida street address	
	. Florida	•
<del></del>	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

,

<u>Title</u>	Name	Address	Type of Action
<del></del>			D Add
			Remove
			🖸 Add
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D. If amending	any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	(((H210003586523)))
			<del>-</del>
			<del></del>
		of filing: (optional)	_
(The effective dat	e, if other than the date o te must be specific, cannot be pri cument is filed by the Florida De	ior to date of receipt or filed date and cannot be more than 90 days after	
Dated Sep	tember 23		
	Signatu	are of a member or authorized representative of a member	202
Ε		ZALO DAMACEN ANGULO	<b>38 L</b>
		Typed or printed name of signee	FILED RETARY OF STATE HOF CORPORALI

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