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(2) I No. 12
(Requestor's Name)
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A. BUTLER JAN - 3 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
eudiect.	Eden US	SA LLC	
SUBJECT:	Name of Lim	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:	
		Sam Levi Name of Person	
	Rmm	Cabinets Firm/Company	
		Firm/Company	
	161	6 NW 2nd Av	e
		Address	
	Boca	Raton FL 33	432
		City/State and Zip Code	
	rmmcabin	e +5 @ gma, /. (u to be used for future annual report noti	m
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Sam	Levi	at (954) 588 Area Code Daytim	-6353
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eden USA LLC (Name of the Limited Liability Company as it now appears on our records.) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) 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.

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	Eden Levy	1616 NW2nd Ave	DAdd
	1	1616 NW2nd Ave Boca Raton, FL 3343	Z □Remove
		954-588-6353	□Change
			□Add
		 	□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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Fontivo	date, if other than the date of filing: (optional)
n effectiv o <mark>te:</mark> If tl	we 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 605.020's the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	December 13 , 2021.
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ted	December 13 , 2021. Signature of a member or authorized representative of a member