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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo			
SUBJECT: EDE	N HAZELIP	LLC	
SUBJECT: - LDC		ted Liability Company	_
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	EDEN HAZE	Name of Person	
	CDEAL 1107E		
	EDEN HAZE	Firm/Company	
	JOLD NED OVE		
	1001 NE BAKE	R RD - APT. 6409 Address	
	CTUMPT EL	2110011	
	STUART, FL	- · 34/1/1 City/State and Zip Code	_
	EDENSELLSF	PARADISE @ GMAIL. COP	M g g
		o be used for future annual report notification)	M. FEB - 2 PH I:
For further information cor	ncerning this matter, please ca	III;	
EDEN HAZ		at (772) 775-4112	
Name of I	?erson	Area Code Daytime Telephone Nu	mber
	5 II		
Enclosed is a check for the			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert	00 Filing Fee, ificate of Status &
			ified Copy tional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se Division of Co		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EDEN HAZELIP LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>JAN. 22, 2024</u> and assigned Florida document number <u>L 24000039, 289</u> .
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 "LLC."
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, <u>enter the name of the new registered</u> 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.

Civ

If Changing Registered Agent, Signature of New Registered Agent

Florida _

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
MGR	EDEN HAZELIP	1061 NE BAKER RD. APT.	6409 Zadd
		STUART, FL. 34994	/ □ Remove
			Change
			🗖 Add
			□ Remove
			Change
			⊒Add
			Remove
			Add
			□Remove
			Change
			
			□ Remove
			□ Change
			🖸 Add
			□Remove
			[] Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Adding EIN #: 99 - 0945288
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(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	January 29. 2024.
	Signature of a member or authorized representative of a member
	Eden Hazelip Typed or printed name of signee