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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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Office Use Only



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SEP 0 9 2020 S. YOUNG



August 25, 2020

VALERIE KRIEGER EDENRIDGE TRADING LLC 8784 LEWIS RIVER ROAD DELRAY BEACH, FL 33446

SUBJECT: EDENRIDGE TRADING LLC

Ref. Number: M19000004861

We have received your document for EDENRIDGE TRADING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00016238

Shelia H Young Regulatory Specialist II

www.sunbiz.org

Division of Corporations D.O. DOV 6997 Well-bases Plevide 9991

## COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Edensing Trading LLC  Name of Foreign Limited Liability Company  |
| Dear Sir or Madam:  |
| The enclosed application, certificate and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Valerie Krieger Name of Person  |
| Edensidge Trading LLC Firm/Company  |
| 8784 Lewis River Road   |
| Delray Beach FL 33446 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  Valeric Krieger at (56) 229 7222  Name of Person Area Code & Daytime Telephone Number   |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |
| Enclosed is a check for the following amount:  □\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee.   |
| Certificate of Status Certified Copy Certificate of Status & Certified Copy   |

CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears on the records of the Florida Department of   |
|--|
| State: Edenridge rading LLC  |
| Enter new principal office address, if applicable: 28784 Lewis Kiver Rd  |
| (Principal office address  MUST BE A STREET ADDRESS)  Delvay Black, the street ADDRESS 3446  |
| Enter new mailing address. if applicable: (Mailing address MAY BE A POST OFFICE BOX)  8784 Lewis River Road Delvay Beach, FC 33446   |
| 2. The Florida document number of this limited liability company is: M 1900 00 0486  |
| 3. Jurisdiction of its organization: Delaware  |
| 4. Date authorized to do business in Florida:  |
| SECTION II (5-9 complete only the applicable changes)  New name of the limited liability company:  (must contain "Limited Liability Company, ""L.L.C. con "Liability Company, ""L.L.C. con "L.L.C. co |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")   |
| 6. If amending the registered agent and/or registered officer 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: 8784 Lewis Fiver Road  Enter Florida Street Address   |
| Delvay Beach Florida 33146  City City  |
| 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 bereby confirm that the limited liability company has been notified in writing of this change.  If Changing Registered Agent, Signature of New Registered Agent   |

| tle/ Capacity     | <u>Name</u>  | <u>Address</u>                          | Type of Action |
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| aforementioned an | icate, if required: no more than 90 da<br>nendment(s), duly authenticated by th<br>the law of which this antity is organiz | e official having custody of records in | □Remo          |

Filing Fee: \$25.00