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#### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: 691den of Eden Chartable Trusting.  DOCUMENT NUMBER: N 2000 00 1696
DOCUMENT NUMBER: N 2000 00 1696
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Garden et Eden Chartyble 11ist Inc
(Firm/ Company)
5935 Kavenswood Rd Unit E-5
Ft Carderdale F/ 3331Z
(City/ State and Zip Code)
Golden of Jen Char) frill frost amail (am)
For further information concerning this matter, please call:
)not 19NAOIK = 954 888 8703
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed) □ \$52.50 Filing Fee Certificate of Status

## Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

# Articles of Amendment

to
Articles of Incorporation

harden of Eden Christalle Irust From
(Name of Corporation as currently filed with the Florida Dept. of State)  N 2000001696
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  5935 RAVENSWOOD RD Unit E  Falt (guderale F) 33312
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent: Soult FMAPIK
5935 RAVENS Wood Rd Vit &5
New Registered Office Address:  F4. Caude dale Florida 33382
New Registered Office Address:    Florida   33562
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange XRemove XAdd	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>vp</u>	Cristino, Mallsa	2514 Hayes St Dot #6 Hollywood FJ 33020
Remove  2) Change Add	<u>5EC</u>	CID, Varinia	3/6 Walnut St pot #3 Hollywood Fr 33019
Remove Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove  6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here:  (Be specific)	

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The date of each amendment(s) adoption:			if other than the
date this document was signed.	<del></del>		, if other than the
Effective date if applicable:	more than 90 days after amo		
(no	more than 90 days after ame	endment file date)	

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the **document**'s effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated 10/30/2020				
Signature				
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
(Typed or printed name of person signing)				
President				
(Title of person signing)				