

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000031197 3)))



H250000311973ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MAYNARD NEXSEN PC
Account Number : I20220000140
Phone : (407)647-2777
Fax Number : (407)647-2157

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

Email Address: Bmills@maynardnexsen.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
CEDAR LANDINGS, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 28 2025

FILED
2025 JAN 27 PM 5:22
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

RECEIVED

2025 JAN 27 PM 5:28

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H2500031197 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cedar Landings, LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brian Mills

Contact Person

Maynard Nexsen PC

Firm/Company

200 E. New England Avenue, Suite 300

Address

Winter Park, FL 32789

City, State and Zip Code

bmills@maynardnexsen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Mills

at (407) 647-2777

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

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

H2500031197 3

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Cedar Landings, LP

Insert name currently on file with Florida Department of State

H2500031197 3

FILED
2025 JAN 27 PM 5:22
REC'D HALL COUNTY
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/21/2023, assigned Florida document number A23000000654, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.LLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. 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

_____, Florida

City

Zip Code

H2500031197 3

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	Condev Cedar Landings GP, LLC	921 N. Pennsylvania Avenue Winter Park, FL 32789	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	ITD Land at Cedar Landings GP, LLC	210 Hangar Road Kissimmee, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

FILED
2025 JAN 27 PM 5:22
JAN 27 2025
TALLAHASSEE, FL
STATE SECRETARY

H2500031197 3

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

For, JTD Land at Cedar Landings GP, LLC

 New General Partner

 Manager

Signature(s) of all new or dissociating general partner(s), if any:

For, JTD Land at Cedar Landings GP, LLC

 New General Partner

 Manager

For, Condev Cedar Landings GP, LLC

 Dissociating General Partner

 Manager, CONDEV SFR DEVELOPMENT, LLC

Filing Fee: \$52.50
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75