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## **COVER LETTER**

| Div                                 | ision of Car    | porations                                 |  |   |
|-------------------------------------|-----------------|---|--|---|
| SUBJECT:                            | WAKED F.        | AMILY LIMITED LIABILITY                   | Y COMPANY  | •   |
| SOBJECT:                            |                 | Name of Lim                               | ited Liability Company   |   |
| The enclosed                        | l Articles of . | Amendment and fee(s) are sub              | mitted for filing.   |   |
| Please return                       | i all correspo  | indence concerning this matter            | to the following:  |   |
|                                     |                 | Christopher J. Bondani                    |  |   |
| Name of Person Hill & Bondani, PLLC |                 |   |  |   |
|                                     |                 | Hill & Bondani, PLLC                      |  |   |
| Firm/Compan                         |                 | Firm/Company                              | <del></del>  |   |
|                                     |                 | 2106 Sawgrass Village Dr                  |  |   |
|                                     |                 |   | Address  |   |
|                                     |                 | Ponte Vedra Beach, FL 32                  | 082  |   |
|                                     |                 | <del></del>                               | City/State and Zip Code  |   |
|                                     |                 | chris@lawofficeshill.com                  |  |   |
|                                     |                 | E-mail address: (                         | to be used for future annual report notif                            | dication)   |
| For further i                       | nformation c    | oncerning this matter, please ca          | ıll:   |   |
| Christopher                         | Bondani         |   | at () 285-5576<br>Area Code Daytime                                  |   |
|                                     | Name o          | f Person                                  | Area Code Daytimo  | e Telephone Number  |
| Enclosed is                         | check for th    | ne following amount:                      |  |   |
| <b>■</b> \$25.00 I                  | Filing Fee      | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed). | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                     |                 |   |  |   |
|                                     |                 |   |  |   |

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WAKED FAMILY LIMITED LIABILITY COMPANY

(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 L   | iability Company were filed on 11/12  | /2003 and assigned  |
|---|---|---|
| Florida document number L03000043687  | ·   |   |
| This amendment is submitted to amend the following  | lowing:   |   |
| A. If amending name, enter the new name of  | of the limited liability company here   | :   |
| Greener Cedars LLC  |   |   |
| The new name must be distinguishable and contain the  | words "Limited Liability Company," the design   | gnation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applie  | cable:  |   |
| (Principal office address MUST BE A STREE   | <del></del>   |   |
|   |   |   |
|   |   |   |
| Enter new mailing address, if applicable:   |   | C   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   | <del></del>   | 27 J. 32 J. |
|   |   | <u> </u>  |
| B. If amending the registered agent and/or i  | registered office address on our reco   | ords, enter the name of the new registered  |
| agent and/or the new registered office addre  | ss here:  | ्र <sub>क</sub> ्र <b>भ</b>   |
| Name of New Registered Agent:   | Christopher J. Bondani, Esq   |   |
| New Registered Office Address:  | 2106 Sawgrass Village Dr.   |   |
|   | Enter Florida street address  |   |
|   | Ponte Vedra Beach   | , Florida <u>32082</u>  |
|   | City  | Zip Code  |
| New Registered Agent's Signature, if changing   | Registered Agent:   |   |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | per and complete performance of my<br>istered agent as provided for in Cha<br>registered office address, I hereby | duties, and I am familiar with and upter 605, F.S. Or, if this document is  |
|   | If Changing Begistered 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                | Susan M. Waked  | 10055 NW 45TH STREET    | □Add                   |
|                    |                 | CORAL SPRINGS, FL 33065 | □Remove                |
|                    |                 |                         |                        |
| Mgr                | George H. Waked | 10055 NW 45TH STREET    | □Add                   |
|                    |                 | CORAL SPRINGS, FL 33065 | □Remove                |
|                    |                 |                         | ≣Change                |
| <del></del>        | 4. <u> </u>     |                         |                        |
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| Effective date, if other than the date of filing:  [If an effective date, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Perstannt to 605, 207.  Note: If the date inserted in this block does not next the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record 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 religious date of the filing sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements of the sequirements of the sequirements of the sequirements. The sequirements of the sequirements. The sequirements of the sequirements. The sequirements of the sequire |  |            |
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| Signature of a member or authorized epresentative of a member  | Day of January 3   |            |
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| Christopher I. Bondani, Attorney & Authorized Representative of Mars. Sugar M. F. Cimara U. Waleni   |  |            |
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Filing Fee: \$25.00