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COVER LETTER

TO:	Registration Se Division of Cor			
e13540	Cinnamon F	fill, LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Jeremy T.M. Novak, Esq.		
			Name of Person	
		Novak Law Group, PLLC		
			Firm/Company	 .
		402 Reid Avenue		
			Address	
		Port St. Joe, Florida		
		jtnovak@novaklaw.us	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For furt	her information ed	oncerning this matter, please ca	all:	
Jeremy	T.M. Novak, Esq		850 229-4700 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	0.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cinnamon Hill, LLC			
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our recor Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L07000122451	were filed on December 10, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7223 Sleepy Hollow Circle		
Principal office address MUST BE A STREET ADDRESS)	Tollohaggas Florida 22212		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	7223 Sleepy Hollow Circle Tallahassee, Florida 32312		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ds, enter the name of the r	
Name of New Registered Agent:	11a		
New Registered Office Address:	Enter Florida street addre	ess	
	F	lorida	
	City	Zip Code	

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.

If Changing Registered 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
AMBR	Andrea L. Williams	7223 Sleepy Hollow Circle Tallahassee, Florida 32312	Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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ffor	tive date, if other than the date of filing:
	frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
<u>locu</u> locu	e If the date inserted in this block does not meet the applicable statutory thing requirements, the date and meet the applicable statutory thing requirements, the date and meet the applicable statutory thing requirements, the date are applicable statutory thing requirements.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Th	e 90th day after the record is filed.
	1 - 1 - 17 2218
)ate	That Willia
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00