Florida Department of State

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.

(((H22000127536 3)))



H220001275363ABC

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 : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 : (561)844-3600 Phone : (561)842-4104 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL GARDENS, LLC

Certificate of Status	U O
Certified Copy	
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp	ction • corations		
	GARDENS, LLC		
SUBJECT:	Name of Limi	ed Liability Company	
The enclosed Articles of a	Amendment and fcc(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	DAVID B. NORRIS, ESQ.		
		Name of Person	-
	Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen	
		Firm/Company	
	712 U.S. Highway One, Su	ite 400	
		Address	
	North Palm Beach, FL 334	08	
		City/State and Zip Code	
	KD@CohenNorris.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please of		
Karin Drakas		561 844-3600 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	Section	Street Address: Registration S Division of Co	
Division of C P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee,		2415 N. Monr	oe Street, Suitc 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL GARDENS, LLC			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Li			d
Florida document number Los000068137			
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of	f the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the w	rords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or i	registered office address on our	records, enter the name of the new re-	astered
agent and/or the new registered office addre	35 HCIC.	 2	
Name of New Registered Agent:	Cohen Norris Wolmer Ray Telep	oman Berkowitz Cohen 222	
New Registered Office Address:	712 U.S. Highway One, Suite 40		<u> </u>
	Enter Flo	orida sweet address	
	North Palm Beach	, Florida 33408 D O	<u>~</u>
	City	Zip Code	_
New Registered Agent's Signature, if changing		39	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in registered office address, I here change.	of my duties, and I am Jamiliar with ar Chapter 605, F.S. Or, if this documer	na
	l	\	
		•	

T-276 P.04/05 F-463

04-07-22 03:26pm From-

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000 1275363

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
 -			
			□Remove
			☐ Change
			□∧dd
			□ Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change

						-
						-
						-
						-
						_
						_
			_			_
 /···		<u> </u>				_
		<u></u>		··		_
				<u> </u>		
				 		_
						_
						_
	·	<u> </u>				_
						_
				<u> </u>		_
Note: If the date in	ther than the date sted, the date must be sp serted in this block do c date on the Departr	oes not meet the ap	plicable statutory i	(op or more than 90 days af illing requirements, t	tional) ter filing.) Pursuant to 60 his date will not be lis	05.0207 sted as
record specifies a dis filed.	delayed effective date	, but not an effecti	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day aft	ter the
April 5		, 2022	7			
		$\chi \in \chi \rightarrow \chi$	authorizeo represente			

Filing Fee: \$25.00

Typed or printed name of signee