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SCENIARY OF STAIR.

S. HAWKES

SEP 0 9 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co		•	
SUBJECT: CE			DEN, LLC	
5000			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return'all correspondent	ondence concerning this matter	to the following:	
			Lori Dawson Name of Person	<u> </u>
			CEYDEN, LLC	
			Firm/Company	
		<u> </u>	9255 SW 71 Avenue Address	
. <u> </u>		Pi	necrest, Florida 33156 City/State and Zip Code	
		E-mail address: (stabra@bellsouth.net to be used for future annual report not	ification)
For fu	rther information	concerning this matter, please o	all:	
		ori Dawson of Person	at (305) Area Code & Dayti	667-0329 me Telephone Number
Enclos	sed is a check for t	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	▼\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEYDEN	, LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
(A Fronda Ellittica Ela	omity Company)		00 1				
The Articles of Organization for this Limited Liability Company w	ere filed on	08/20/2009	and assigned				
Florida document number L09000080635			~ `90. ` 8 ` 9				
			Total Comment				
This amendment is submitted to amend the following:			* 79. *				
This affectament is submitted to affect the following.							
A. If amending name, enter the new name of the limited liabili	ty company here:						
			~ <i>i</i>				
The new name must be distinguishable and end with the words "Limite	d Liability Company	," the designation "I	LC" or the abbreviation				
"L.L.C."		-					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
Tructpat Office address most be A STREET ADDRESS							
•			· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered offic	e address on ou	r records, enter t	he name of the new				
registered agent and/or the new registered office address here:							
Name of New Registered Agent:							
New Registered Office Address:	Futa	r Florida street ada					
	Enter Florida street daaress						
	· · · · · · · · · · · · · · · · · ·	, Florida					
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

... MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Forrest B Dawson III	6835 Rue Versailles, Unit 205 Miami Beach, FL 33141	Add Remove
			Add Remove
			Remove /
· <u>···</u>			Add Remove R
•			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_			- -
	September 2	2000	<u> </u>
Dated	kie &	2009 CLOS — hember or authorized representative of a member	
		Lori Dawson	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00 555.00