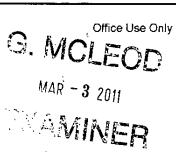
11100003543

(R	equestor's Name)			
(Ad	ddress)			
(Address)				
(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		<u>.</u>		
•				
	<u>.</u> .			





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THAR-3 AMII: 56
SECRETARY OF STATE
VALLAHASSEE: FLORIDA

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	<i>*</i> Ст•	CEDMO	N GROUP, LLC	
SOLUE			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			JOHN MALDONADO	
	*.		Name of Person	
		AC	CORD TAX SERVICES	
			Firm/Company	
		213	33 W FAIRBANKS AVE	
			Address	
		· WI	NTER PARK FL 32789	
			City/State and Zip Code	
		JOHN@	DACCORDGROUPS.COM to be used for future annual report notification	ion
For furt	ther information o	concerning this matter, please of	·	(OII)
		MALDONADO f Person	at (321) 64 Area Code & Daytime To	7-2101
Enclose	ed is a check for th	he following amount:		
₹ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEDMON	GROUP, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear d Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	01/10/2011	and assigned	
Florida document numberL11000003543				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	ny," the designation "L	LC" or the abbreviati	
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		ĪĄ	<u> </u>	
·		ĽA		
		AS		
Enter new mailing address, if applicable:		SER	2 ω	
(Mailing address MAY BE A POST OFFICE BOX)		<u>(1. †</u>		
		ORI		
		0		
B. If amending the registered agent and/or registered	office address on o	our records, <u>enter t</u>	he name of the no	
registered agent and/or the new registered office address h	<u>ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Address **Name Type of Action MGRM** MAURO LOOR ✓ Add
☐ Remove 108 ROSE HILL TRL SANFORD FL 32773 ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 25 2011 Dated_ Signature of a member or authorized representative of a member RAMON CEDENO Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00