

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L13000034720

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.

((H22000247926 3)))



H220002479263ABC1

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 : WARD, DAMON & POSNER, P.A.
 Account Number : 072262000447
 Phone : (561)842-3000
 Fax Number : (561)842-3626

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

Email Address: aseligman@warddamon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CERULEAN PROPERTIES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$30.00

2022 JUL 21 PM 3:16

2022 JUL 21 PM 3:39

APPROVAL
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 22 2022

C. Brumbley

DocuSign Envelope ID: E6B061E6-FB94-441F-9E05-00E409310405

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** Cerulean Properties, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam R. Seligman, Esq.

Name of PersonWard Damon

Firm/Company4420 Beacon Circle

AddressWest Palm Beach, FL 33407

City/State and Zip Codeaseligman@warddamon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam R. Seligman, Esq.

Name of Person561 594-1779
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

DocuSign Envelope ID: E6BD61E6-FB94-441F-9E06-00E409310405

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cerulean Properties, LLC

(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 Liability Company were filed on March 11, 2013 and assigned
Florida document number L13000036720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City

, Florida

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

2022 JUL 21 PM 3:39
FILED
AND
APPROVED

DocuSign Envelope ID: E6BD61E6-FB04-441F-8E05-00E409310405

If ~~stating~~ **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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yasushi Mukasa		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fumiko Mukasa		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michiko Tracy Mukasa		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: E8BD81E6-FB94-441F-9E05-00E409310405

DocuSign Envelope ID: E8BD81E6-FB94-441F-8E05-00E40931C405
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated July 20, 2022

- DocuSigned by:

Michiko Tracy Munkase

Signature of member or authorized representative of a member

Michiko Tracy Mukasa

Typed or printed name of signee