H150001334993ABC2 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 : C T CORPORATION SYSTEM Account Number : FCA00000023 : (850)205-8842 Phone Fax Number : (850)878-5368 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4365 WHITE CEDAR LANE, LLC JUN -4, PH 12: Certificate of Status 0 AH 8: Certified Copy 0

Corporate Filing Menu

Florida Department of State **Division of Corporations**

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.

Electronic Filing Cover Sheet

(((H15000133499 3)))

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

ഹ

Page Count

Estimated Charge

6/4/201 12:30 Division of (

6/4/2015

Page 1 of 1

JUN 0 5 2015 Help

05

\$25.00

S MASON

4/2015 12:36:58 PM F:		
1/2015 12:36:58 PM F:		
,	om: To: 850617	/6383(2/5) 🧃 🔹
*		
🗭 s 🎄		
	(COVER LETTER
TO: Registration Section	n	
Division of Corport	itions	
SUBJECT:		CEDAR LANE, LLC
	Name of Limi	ited Liability Company
The enclosed Articles of Artic	ndment and fee(s) are sub-	mitted for filing.
Please return all corresponder	ice concerning this matter	to the following:
-	KAREN PARKER	
		Name of Ferron
	CT CORPORATION	
		Firm/Company
	515 E PARK AVENUE	
•	·	Address
	TALLAHASSEE, FL 3230	01
•		City/State and Zip Code
¢ 	marcus@levingann.com	(to be used for future annual report notilication)
For further information conce	and and menor, press of	
For further information conce		at ()
Karen Parker		
Karen Parker	nion.	Area Code Daytime Telephone Number
Karen Parker Name of Pe		Area Code Daytime Telephone Number
Karen Parker Name of Per Enclosed is a check for the fo	blowing amount:	·
Karen Parker Name of Per Enclosed is a check for the fo		□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Karen Parker Name of Per Enclosed is a check for the fo	ollowing amount: I \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & □ (additional copy is enclosed) Certified Copy (additional copy is enclosed) O
Karen Parker Name of Per Enclosed is a check for the fo	ollowing amount: I \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & □ (additional copy is enclosed) Certified Copy (additional copy is enclosed) O
Karen Parker Name of Per Enclosed is a check for the fo S25.00 Filing Fee	ollowing amount: I \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & UIV (additional copy is enclosed) Certified Copy (additional copy is enclosed) CI VISION CONTENT OF CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT OF CONTENT CONTENT OF CONTENT O
Karen Parker Name of Per Enclosed is a check for the for \$25.00 Filing Fee MAILING Registratio	Dilowing amount: 330.00 Filing Foe & Certificate of Status S ADDRESS: m Section	S55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy STREET/COURJER ADDRESS: SET Registration Section Certified Copy
Karen Parker Name of Per Enclosed is a check for the for \$25.00 filing Fee MAILING Registration	ollowing amount: 330.00 Filing Fee & Certificate of Status GADDRESS: In Section f Corporations	Style
Karen Parker Name of Per Enclosed is a check for the for S25.00 Filing Fee MAILING Registration Division o P.O. Box 6	ollowing amount: 330.00 Filing Fee & Certificate of Status GADDRESS: In Section f Corporations	Street/COURJER ADDRESS: Registration Section Division of Corporations

.

.

ł.

6/4/2015 12:36:53 PM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4365 While Codar Lans, LLC

(Name of the Limited Liebility Company on it now amount on our records.) (A Ffords Limited Liebility Company)

The Articles of Organization for this Limited Liability Company were filed on December 11.2014 and assigned Florids document number 114000189367

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 "LLC."

Enter new principal officer 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, <u>onter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	······	
New Registered Office Address:	Exter Florida 10	res address
	, City	Florida Zip Code
New Registered Agent's Signature. If changing	Registered Accut:	

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 lightlity accept the obligation in writing of this change.

	NH H	£77	_ <u>_</u> 2₹ <u></u>
	in Cl	AH	ಸ್ಪಾರ್
If Changing Registered Agent, Sinneture of New Revist		ŝ	ORI
Page 1 of 3	B E	36	ATIC
			NI:

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

i

. . . .

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Charles Mishner	4100 Nw. 28th Ave.	🖬 Add
		Boca Raton FL 33434	C Remove
			Change
		<u> </u>	C Remove
			B Add
			C Remove
		<u></u>	Change
			🖸 Add
			C Remove
			Change
		• <u> </u>	Q Add
			TIS JUN -4 AH 8: 36 TIS JUN -4 AH 8: 36 TIS JUN -4 AH 8: 36 TIS SEER FLOREDA Change
			C Change 🎋

. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

Each manager, acting independently, has full authority to take any action on bahalf of the Company.

		····	
		-	
· · · · · · · · · · · · · · · · · · ·			
	_		
		······	
	<u> </u>		
·			

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 door not most the applicable statutory filing toquirements, this date will not be listed as the document's effective date on the Department of Sizto'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 _	June 4 Marin Castlen			J
	Signature of a member or authorized representative of a member			\leq_{c}
	Marcia L. Casileman	SECT	5 ლ	SECR /ISIOI
	Typed or printed same of signee	HASSE	JUN -L	ETARY OF C
	Page 3 of 3	щ×	130	308
	Filing Fee: \$25.00	f siate Florida	AM 8: 36) F STALE PORATIONS
				N .