11800000 5276

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800338300038

12/23/19--01036--001 **75.00



Amend

FEB 1 3 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ROVE PARTNERS, LLC Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Shelby Jhonson				
		Name of Person			
	Rayboun Mulligan PLLC				
		Firm/Company			
	105 W Fifth Ave				
		Address			
	Tallahassee, FL 32303				
		City/State and Zip Code			
	mail@gabrielhanway.com				
	E-mail address: (to be used for future annual report not	ilication)		
For further information c	oncerning this matter, please ca	all:			
Shelby Jhonson		850 270-2275			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres	s:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee, I			be Street, Suite 810		

Tallahassee, FL 32303



January 25, 2020

SHELBY JHONSON RAYBOUN MULLIGAN PLLC 105 W. FIFTH AVE TALLAHASSEE, FL 32303

SUBJECT: CEDAR GROVE PARTNERS, LLC

Ref. Number: L18000005276

We have received your document for CEDAR GROVE PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00001824

SOSDEEB 13 FILL: 10 P

DO DOM COOL TO LL COOL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 JM 13 PH 3: 00

CEDAR GROVE PARTNERS, 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 01/05/2018	and assigned		
Florida document number 1.18000005276				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	P.O. Box 10465			
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32302			
muning manage milit in the interest of the money				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
St. D. C. Land C.		247 (6611		
New Registered Agent's Signature, if changing Registered Agent:		or auroo to comply with the		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity, i furth performance of my duties, and	l am familiar with and		

company has been notified in writing of this change.

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. Thereby confirm that the limited liability

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 AMBR = Authorized Member

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

				 		_
	_					 -
						_
						_
					<u>.</u>	_
						_
			·			
						_
	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>		
						_
						_
						_
						_
	· · · · · · · · · · · · · · · · · · ·					_
	<u></u>		 			_
				, .	• •	
effective date is listed <u>e:</u> If the date insert	er than the date of fi I, the date must be specific ted in this block does n ate on the Department	and cannot be prior of meet the application	to date of tining or	more man we days and	a imuza) cuisuane o c	505,0201 isted as
	ayed effective date, but					fier the
January ed	31 Signature of	. 2020				
<i>x</i>)	alrine D.	Hanvar	1_			
	Signature (of a member or autly	rized representati	ve of a member		
		/	1			

Filing Fee: \$25.00