L18000160639

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SECRETARY OF STATE

BL VORISER NOV 19 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CE Development Partners Tamarac, 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:
Division of Corporations SUBJECT: CE Development Partners Tamarac LC 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:
Grondhind and Florid, PA.
4121 La Playa Blvd.
Cocont Grave, FL 33133 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF OI	AGAMEATION	. ≠4
OF		18 \$£(
CE Development Party (Name of the Limited Liability Company of A Florida Limited Liability Company of Company	abiliiy Company)	NOV -2 PM AHASSEE, Frience
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Florida document number <u>L18000160639</u> .		08 A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company," the designation "LLC" or the abbre	viation "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 off registered agent and/or the new registered office address here	fice address on our records, <u>enter th</u> :	e name of the new
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 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

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 = -N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	a.B. Cypress Equity Investments,	12121 Wilshire Blul-	Add Remove Change Add Remove
		Suite 720	Remove
		Los Angeles, CA 90005	Change
	Eden Development, LLC	2801 SW 31:+ Ave	
		Svite 2-B	□ Remove
		Coconst Grove, FL 3313	<u></u> ☐ Change
			Remove
			Change
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Note: 1	e date, if other than the date of filing:	0207 (d as tl
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.	r of:
Dated	October 30 . 2018 .	
_	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00