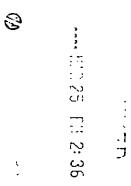
## L18000255946

(Req	uestor's Name)
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(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-U-2 WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP	WAIT MAIL
(Bus	ness Entity Name)
(Doc	rument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer

Office Use Only



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# 50 KEF. MAR 2 6 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 730029 7446854
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE: March 24, 2021
ORDER TIME : 9:16 AM
ORDER NO. : 730029-005
CUSTOMER NO: 7446854
DOMESTIC AMENDMENT FILING  NAME: CE TAMARAC, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexyis Weiland FYT# 61592

EXAMINER'S INITIALS:

## COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	CE '	Tamarac, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Kenneth Florio	
		Goodkind & Florio, P.A.	
	The state of Status  CE Tamarac, LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  Kenneth Florio Name of Person  Goodkind & Florio, P.A. Firm/Company  12861 SW 68th Avenue Address  Pincerest, FL 33156 City/State and Zip Code  Kenneth@goodkindflorio.com  E-mail address: (to be used for future annual report notification)  recerning this matter, please call:  Florio  at (786) T13-5017 Daytime Telephone Number  following amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section prorations  Division of Corporations		
		12861 SW 68th Avenue	
			·
		Pinecrest, FL 33156	
			<del></del>
	Ke	enneth@goodkindflorio.com	
p 6 1 16 1			uncation)
For further information c	oncerning this matter, please c	all:	
Kennetl	h Florio	at ( 786 _)	713-5017
Name o	t Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			oction
Division of C		<del>-</del>	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CE Tam	arac, LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears</mark> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL18000255946	were filed on	10/31/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	address on our re	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Flori	da 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 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>	Address	Type of Action
MGR	CE Development Partners Tamarac, LLC	2801 SW 31st Avenue, Suite 2B	
		Coconut Grove, FL 33133	≅Remove
			□ Change
AMBR	Tamarac CE/FCP JV, LLC	2801 SW 31st Avenue, Suite 2B	<b>\exists</b> Add
		Coconut Grove, FL 33133	□Remove
			□Remove
			□Change
		<del>-</del>	□Add
			□Remove
		<del></del>	□Change
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n effective date is lister. If the date ins	other than the da sted, the date must b serted in this block e date on the Depa	e specific and c c does not me	annot be prior to et the applica	o date of filing of ble statutory f	or more than 90 Iling requirem	(optional days after filing ents, this date	) g.) Pursuant to 60 g will not be li:	)5.0207 sted as
ecord specifies a c s filed.	delayed effective d	ate, but not a	n effective tin	ne, at 12:01 a.	m. on the earli	ier of: (b) T	he 90th day aft	ter the
edN	March 24		2021	_ ·				
		_	200	<u>.</u>				
<del></del>	Si	gnature of a me	ember or author	ized representa	tive of a membe	er .		
		**	Cenneth R. F	-1 -				