

L18000283689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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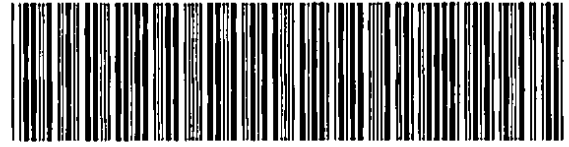
(Business Entity Name)

(Document Number)

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JUN - 3 PM 1:02

JUN 1 2018
TELETYPE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Cedar Wood Company 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:

Erica S Bass
Name of Person
The Cedar Wood Company LLC
Firm/Company
315 Milestone Drive
Address
Tallahassee, FL 32312
City/State and Zip Code
erica@hillprofessional.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica S Bass at (850) 544-6772
Name of Person 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

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

The Cedar Wood Company LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2019 JUN -3 P 1:02

The Articles of Organization for this Limited Liability Company were filed on 12/10/2018 and assigned
Florida document number L18000283689

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

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>	<u>Type of Action</u>
MGR	Boldt Landscape Management, INC.	315 milestone Drive	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anzalone Enterprises, INC.	7570 Skipper Lane	<input checked="" type="checkbox"/> Add
		Tallahassee FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Erica Bass	315 milestone Drive	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Bradley Boldt	315 milestone Drive	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Tray Anzalone	7570 Skipper Lane	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Julia Anzalone	7570 Skipper Lane	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated 5/13/2019, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee