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Registration Section

P.O. Box 6327

Tallabassee, FL 32314

TO:

COVER LETTER

Division of Co	rporations			
	REE PROPERTIES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RICHARD A. RAZABDC	DUSKI		
		Name of Person		
	CEDAR TREE PROPERT	TES LLC		
	<u> </u>	Firm/Company		
	2941 IMPERIAL OAKS F	DRIVE		
		Address	201	
	RALEIGH, NORTH CAR	OLINA 27614	2019 APR 25	4 PP
	ELMTREE48@AOL.COM	City/State and Zip Code		ANDYEU
	E-mail address: (to be used for future annual report notif	ication)	C.
For further information c	oncerning this matter, please c	all:	52	
RICHARD RAZABDOU	JSKI	904 710-4686		
Name o	f Person		Telephone Number	
Enclosed is a check for th	he 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)	
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpora	1	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEDAR TREE PROPERTIES 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 MARCH 29, 2019 _____ and assigned Florida document number L19000087483 _____.

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."

2 <u>2</u>

B. If amending the registered agent and/or registered office address on our records, <u>enter 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:	Enter Florida street add	tress
	,	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 mercly 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

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AMBR = A	Authorized	Member
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<u>Title</u>	<u>Name</u> RICHARD A. RAZABDOUSKI	Address	Type of Action
MGR		5337 N SOCRUM LOOP ROAD,	🗆 Add
		SUITE 206	
		LAKELAND, FLORIDA 33809	Remove
		LARGEAND, FLORIDA 53609	Change
MGR	KRISTINA M, RAZABDOUSKI	5337 N SOCRUM LOOP ROAD.	
			🖸 Add
		SUITE 206	
		LAKELAND, FLORIDA 33809	Remove
			Change
MGR	THOMAS S. RAZABDOUSKI	5337 N SOCRUM LOOP ROAD,	
			🖸 Add
		SUITE 206	2019 J
		LAKELAND, FLORIDA 33809	APPROV APPROV AND Change
MGR	ELM TREE OF CENTRAL FLORIDA, INC.	5337 N SOCRUM LOOP ROAD.	
		SUITE 206	
		LAKELAND, FLORIDA 33809	Remove
			Change
			-
<u>.</u>			Add
			Remove
			Change
<u> </u>			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The members of the Company shall hereafter adopt an Operating Agreement setting

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he Company shall be manager-managed.	
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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	APRIL	25	2019	
		1		
		Or r		
		/	une of a member of antiturized representative of a memb	er
	BENJAM	IN W. HABOIN, J	۲.	
		[_#	Typed or printed name of signee	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Page 3 of 3

Filing Fee: \$25.00