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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC'	30 Cedar I.	LC			
Sobstice		Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		Marie Covello			
			Name of Person		
			Firm/Company		
		12050 NW 20th St.			
			Address		
	Plantation, FL 33323				
		maric.covello@gmail.com	City/State and Zip Code		
		<del></del>	to be used for future annual repor	1 notification)	
For furthe	r information c	oncerning this matter, please c	·		
Jeff Cove	llo		954 424-89		
	Name o	f Person	at () Area Code D	aytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■ \$2</b> 5.0	0 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)	
	lailing Addres		Street Addre		
Registration Section Division of Corporations		Registration of	n Section Corporations		
F	P.O. Box 632	7	The Centre	of Tallahassee	
Tallahassee, FL 32314			2415 N. Mo	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 CEDAR LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on January 29, 2020	and assigned
Florida document number L20000035441		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		202)
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2 PM
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:	e address on our records, enter the	name of the new register
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	timer i torida sirçet dadress	
<del></del>	, Florid:	aZip 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>	Name	Address	Type of Action
AMBR	Jaclyn Debono	235 Scaman Ave	<b>≡</b> Add
		Rockville Centre, NY 11570-3236	□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		DAdd
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		<del></del>	□ Change
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			□Add
			□Remove
			Change

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Marie 34 L'Ovello	Marie M. Covello			
Typed or printed name of signee				

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