

# L20000035441

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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ST. LOUIS, MO  
DIVISION OF COM. REGISTRATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 30 Cedar 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:

Laurie A. Barnes

Name of Person

30 Cedar LLC

Firm Company

30 Cedar Point Drive

Address

Palm Coast, Florida 32164

City/State and Zip Code

30cedarpoint@gmail.com

E-mail address: (to be used for future annual report notification)

22 SEP 16 AM 10:16

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Gail De Bono

516

398-1538

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

30 Cedar Limited Liability Company

(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 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 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)**

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DIVISION OF CORPORATIONS  
RECEIVED

**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:

Laurie A. Barnes

New Registered Office Address:

30 Cedar Point Drive

*Enter Florida street address*

Palm Coast

, Florida

32164

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marie M. Covello		<input type="checkbox"/> Add
		Deceased- July 19, 2022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gail De Bono	235 Seaman Avenue, Rockville Centre, NY 11570	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 SEP 16 AM 10:16  
 DIVISION OF JUVENILE JUSTICE  
 STATE OF NEW YORK

DIVISION OF CONSUMER PROTECTION  
22 SEP 16 AM 10:16

STAFF OF SENATE  
DIVISION OF CONFIRMATION  
22 SEP 16 AM 10:16

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Jaclyn De Bevo  
Signature of a member or authorized representative of a member

Typed or printed name of signee