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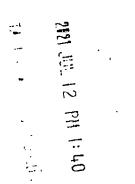
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COVER LETTER

TO: Registration Sect Division of Corpo		. •	
SUBJECT: CE	DAR LANE	LLC	
SUBJECT: CEDAR LANT 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: HAMEED MOHAMMED Name of Person CEDAR LATE LLC Firm/Company 20627 LONGLEMF PINE AVE Address TAMPA FL 33.647 City/State and Zip Code MAHAMEED E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: HAMEED MOHAMMED Area Code Daytine Telephone Number Enclosed is a check for the following amount:			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	HAMEED	MOHAMMED)
		Name of Person	
		Firm/Company	
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	28627 LO	Address	
	· Λ.		
	TAMPA	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information cor	eerning this matter, please ea	all:	
Harries	MATLA: MM MA	4NC 921	9617
Name of I	'erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	El \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(minimum copy is circlesed)	(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

ow appears on our records.) company)
ed on $3/24/2021$ and assigned
pany <u>here</u> :
my," the designation "L.L.C" or the abbreviation "L.L.C."
2 72 2 mg
C
on our records, enter the name of the new registo
Enter Florida street address
, Florida Zin 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>	Address	Type of Action
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to date	of filing or more than	90 days after filing,	Parsuant to 6	505.020
te: If the date inserted in this block does not meet the applicable stument's effective date on the Department of State's records.	tatutory filing requi	rements, this date	will not be li	isted t
cord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the	earlier of: (b) The	e 90th day ai	fter th
s filed.				
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ed 7.9.2021	\wedge			
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Filing Fee: \$25.00