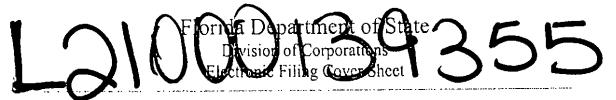
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA

Account Number : I1998000066 Phone : (813)258-1177

Fax Number : (813)259-1106

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 217 CEDAR LLC

كالمنا المستعمل والمرافع والمناسبين التناوي والمستوحدة والمناوي	
Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER

TO: Registration Se Division of Cor		1	•		
217 Cedar,	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	indence concerning this matter	to the following:			
	Lisa H Wilkerson				
		Name of Person			
		Firm/Company			
	1700 S. MacDill Ave, STE	• •		2021 SEC הארו	
		Address		LOSS TO LOSS	-
	Tampa, FL 33629			22 WRY I	1
	gwilkerson@fresrealestate.	City/State and Zip Code		2021 JUN 22 AM 12: 0 SECRETARY OF STATE TALLAHASSEE, FLORIE	
	-	to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:		ŕ	
Lisa H Wilkerson		813 258-1177 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations		
Tallahassee,			oe Street, Suite 8	10	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

217 Cedar, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears or mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000139355</u>	pany were filed on $\frac{4/2/20}{}$	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our reco	rds, enter the name of the new registers
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my nt as provided for in Cha	oduties, and I am familiar with and upter 605, F.S. Or, if this document is
រ	If Changing Registered Agent	Signature of New Registered Agent

(((H21000244770 3)))
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

Title	Name	Address	Type of Action
MGR	Blackacre Mgmt, LLC	215 W. Verne Street, STE D	□Add
		Tampa, FL 33606	■Remove
			Change
MGR	Fensalir Real Estate Services, Inc.	215 W. Verne Street, STE D	\ Add
		Tampa, FL 33606	□ Remove
			Change
.			□Add
			□Remove
			Change
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			□Remove
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r.cc.	ve date, if other than the date of filing:(optional)	
(If an e	ve date, if other than the date of filing:	5,0207 (3)(b) ted as the
the rec ecord is	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	er the
Date	June 22	
Date		
	Signature of a member or authorized representative of a member	
	Lisa\H. Wilkerson	