

K21000308111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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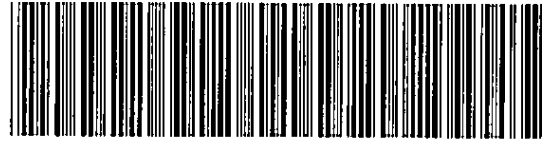
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

10/23/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CEDAR POINT HOME SERVICES 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:

NIRANYA ROBERSON

Name of Person

THAI BLOSSOM BISTRO GROUP LLC

Firm/Company

4330 HARBOUR ISLAND DRIVE

Address

JACKSONVILLE, FLORIDA 32225

City/State and Zip Code

RNIRANYA@YAHOO.COM

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

NIRANYA ROBERSON

904 7316734

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

CK #006

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

CEDAR POINT HOME SERVICES 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 JULY 06, 2021 and assigned Florida document number L21000308111.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CEDAR POINT HOME SERVICE LLC

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)

4111 CEDAR POINT ROAD

JACKSONVILLE

FLORIDA 32226

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10916 ATLANTIC BLVD. STE. 24

JACKSONVILLE, FLORIDA

32225-2900

**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:

JOEL ROBERSON

New Registered Office Address:

4330 HARBOUR ISLAND DRIVE

*Enter Florida street address*

JACKSONVILLE

Florida 32225

*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	SONIA BECERRA	LEGALCORP SOLUTIONS, LLC	<input type="checkbox"/> Add
		3440 W HOLLYWOOD BLVD. STE. 415	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
MGR	TRAVIS CRABTREE	LEGALCORP SOLUTIONS, LLC	<input type="checkbox"/> Add
		3440 W HOLLYWOOD BLVD. STE. 415	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
AMBR	JOEL ROBERSON	4330 HARBOUR ISLAND DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIRANYA ROBERSON	4330 HARBOUR ISLAND DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Oct 09<sup>th</sup> 2021

Nancy Robertson

Signature of a member or authorized representative of a member

NIRANYA ROBERSON

Typed or printed name of signee

**Filing Fee: \$25.00**