L22000223217

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S. PRATHER

COVER LETTER

TO: Registration Se Division of Cor			
0 Celeron C	Court LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
	ondence concerning this matter to		
•	C	-	
	Forrest Cobb		
		Name of Person	
		Firm/Company	
	3654 NW 82nd Drive		
		Address	
	Pembroke Pines, FL 33024		
		City/State and Zip Code	<u></u>
	heath@heathcobbinc.com E-mail address: (to	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca		
Forrest Cobb		352 302-8477	
Name of Person		Area Code Daytime	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Sect	ion

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

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

0 Celeron Court LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our liability Company)	records.)	_	
The Articles of Organization for this Limited Liab Florida document number 1.22000223217 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a	22 and A	2020 JUN -7 PM 6:2			
Lot 33 Celeron Court LLC			, FLORID,	6: 2 1:4:1:	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applical		3654 NW 82nd Dr			
(Principal office address MUST BE A STREET ADDRESS)		Pembroke Pines, FL 33024			
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office :	address on our records,	enter the name of the	new reg	istered
Name of New Registered Agent:					
New Registered Office Address:	3654 NW 82nd	Enter Florida street	t address		
	Pembroke Pine				
	<u> </u>		, Florida $\frac{33024}{ZipC}$	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete ered agent as _i egistered office	performance of my dut provided for in Chapter	ies, and Lam familiar 605, F.S. Or, if this o	with and locumen	d

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>	Type of Action
			Remove
		- and	Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
	<u> </u>		□Add
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