L22000285289

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TATE OF TAKE OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations				
SUBJECT: Cedar Glen	Place LLC			•	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspoi	ndence concerning this matter	to the following:			
	Ryan Weber				
		Name of Person			
	Cedar Glen Place LLC				
		Firm/Company			
	848 N. Rainbow Blvd #458	86			
		Address		ivi 22	
	Las Vegas, NV 89107			TYTE OF THE PH 2	
		City/State and Zip Code	,	15	
	cedarglenplace@protonmai	l.com to be used for future annual report notifi		PH PH	
÷		·	cation)	2:	
ror jumner information co	oncerning this matter, please co	MI:		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
Ryan Weber		at (702) 338-1706			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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 of Certified Copy radditional copy is enclose		
Mailing Address Registration S Division of Co	Section	Street Address: Registration Sec Division of Corp			
P.O. Box 632	•	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cedar Glen Place LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordability Company)	rds,)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000285289</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2997 Cedar Glen Place	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765	2 SEP 10
Enter new mailing address, if applicable:		CORPOR
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	•
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. If performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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

_		_		E .	
W	1	BR	=	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			⊡Change
			□Add
			□Remove
			22 Schange 07 15
			Addison
			□Change
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			□Remove
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Ryan Weber							