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ERSENZEN

R. HUNT

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT:	19 Cedorwood La Name of Lim	, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adm M	Name of Person		
	Crew La	w. P.A.	•	
		Firm/Company		
	1333 37	Avenue S. Suite	505	1
		Address		,
	Alpala	Avenue S. Surte Address 5, FL 3410 Z City/State and Zip Code	17 P)
	704010	City/State and Zip Code		
	agross	CCEWIAN FI. com to be used for future annual report notif	•	
For further information c	e-mail address: (concerning this matter, please c		ication)	
Adam M.	Comiss	ar (23.9) 790 -	£13.3	
Adam M. Name o	f Person	at (237) 790 - Area Code Daytime	: Telephone Number	
Enclosed is a check for the	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	
<u>Mailing Addres</u> Registration :		Street Address: Registration Sec	vion	
Division of C		Division of Cor		
P.O. Box 632	27	The Centre of T		
Tallahassee.	FL 52514	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Y Company as it now appears on our Limited Liability Company)	records,)
(A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	/zozz and assigned
lorida document number <u>L22000308254</u>		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
		,
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
		12: 0 E.F.M.
Enter new mailing address, if applicable:	NA	1 1 1 0 8 m
Mailing address MAY BE A POST OFFICE BOX)	······································	
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3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records.	enter the name of the new regi
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	N/A N/A	
3. If amending the registered agent and/or registered gent and/or the new registered office address here: Name of New Registered Agent:	N/A	
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	N/A N/A	

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.

N/A

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	NA	N/A	\ _Add
			Remove
			□Change
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			Change
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			□ Add
			Remove

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