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COVER LETTER

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	egistration Se Division of Cor			
C11D 107*	THE CEDA	ARS GROUP		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please reti	urn all correspo	endence concerning this matter	to the following:	
			DANI L GHANEM	
			Name of Person	
			THE CEDARS GROUP	
			Firm/Company	<u> </u>
			7801 NW 29 ST	
			Address	
	DORAL, FL 33122			
			City/State and Zip Code	
	HANNE@ALAMCPA.COM			
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
DANI L C	GHANEM		305 888-3600	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0°	0 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> </u>	dailing Addres	<u>s:</u>	Street Address:	
<u> </u>	Registration S	Section	Registration Section	
	Division of C P.O. Box 632		Division of C The Centre of	•
	7.O. Box 632 Fallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

THE CEDARS GROUP LUC (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 OCTOBER 20, 2022 Florida document number _______1.22000453319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7801 NW 29 ST Enter new mailing address, if applicable: DORAL, FL 33122 (Mailing address MAY BE A POST OFFICE BOX) 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: DANI L GHANEM Name of New Registered Agent: 7801 NW 29 ST New Registered Office Address: Enter Florida street address DORAL.

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 Highstered 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>	Name	Address	Type of Action
			🗀 Add
			□Remove
		-	Change
			\ \ \ \ _Add
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			Remove
			□ Change
			Remove
			□Change

CURRENT NAME SPELLING: DANY GHANEM	
CHANGE TO: DANI L GHANEM - COPY OF REISSUED DRIVE	RS LICENSE ATTACHED
	202 4
	LAHASSE
	ASS
	PM 2: 43 EE. FLORIDA
in due is not an about the due of Silver.	(ontional)
ive date, if other than the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 60
nent's effective date on the Department of State's records.	my ming requirements, this date will not be as
d specifies a delayed effective date, but not an effective time, at 12:0 led.	I a.m. on the earlier of: (b) The 90th day an
OCTOBER 23 / 2024	

Filing Fee: \$25.00

Typed or printed name of signee