

m2000000 9835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

JUN 30 2022

A. LUNT

Office Use Only



400389969024

RECEIVED
2022 JUN 29 AM 10:46
ALLAHSTEE, ALA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/29/2022

Acc#I20160000072

en: c SW

| | |
|-------------|-------------------------|
| Name: | CP Newmann Lee Road LLC |
| Document #: | |
| Order #: | 14407865 |

| | | | | |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | | |
| Certified Copy of | <input type="checkbox"/> | | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | | Country of Destination: | |
| | | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CP Neumann Lee Road LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas R. Wentzell

Name of Person

Barna, Guzy & Steffen, Ltd.

Firm/Company

200 Coon Rapids Boulevard Suite 400

Address

Coon Rapids, MN 55433

City/State and Zip Code

peter@capitalpartnersmn.com

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

For further information concerning this matter, please call:

Thomas Wentzell

Name of Person

763

Area Code & Daytime Telephone Number

780-8500

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CP Neumann Lee Road LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: ~~142000009835~~ m22000009835

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CP Lee Road LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Thomas Wentzell

Typed or printed name of signee

Filing Fee: \$25.00

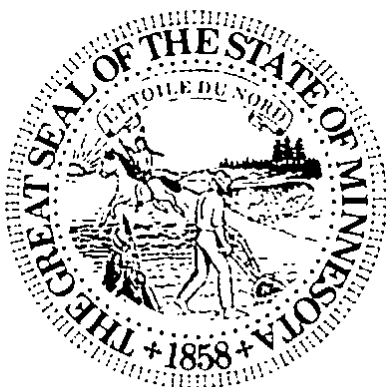
Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

| <u>Filing Date</u> | <u>Filing Type</u> | <u>Filing Number</u> |
|--------------------|---|----------------------|
| 06/16/2022 | Amendment - Limited Liability Company (Domestic) | 1318025400023 |
| 06/27/2022 | Amendment - Limited Liability Company (Domestic) | 1319384300025 |

This certificate has been issued on: 06/28/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization

Minnesota Statutes, Chapter 322C



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. List the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required)

CP Newmann Lee Road LLC

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322C.

AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.

3. The company name is changed to:

CP Neumann Lee Road LLC

4. The registered office address is changed to:

Street Address (A post office box by itself is not acceptable)

City

MN

State

Zip Code

5. The registered agent is changed to:

6. The business mailing address has changed to:

Address

City

State

Zip Code

7. The articles of organization are otherwise amended as follows:

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

6/15/2022

Date

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322C



Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

peter@capitalpartnersmn.com

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Thomas R. Wentzell

763-780-8500

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☒



Work Item 1318025400023
Original File Number 1317980300021

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED

06/16/2022 11:59 PM

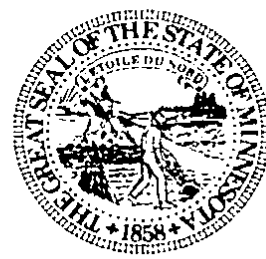
A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive style with a large, stylized "S" and "P".

Steve Simon
Secretary of State

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization

Minnesota Statutes, Chapter 322C



Read the instructions before completing this form.

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CP Neumann Lee Road LLC

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322C.

AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.

3. The company name is changed to:

CP Lee Road LLC

4. The registered office address is changed to:

Street Address (A post office box by itself is not acceptable) City State Zip Code

5. The registered agent is changed to:

6. The business mailing address has changed to:

200 Coon Rapids Boulevard NW Coon Rapids MN 55433
Address City State Zip Code

7. The articles of organization are otherwise amended as follows:

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Thomas Wentzell

June 27, 2022

Signature of Authorized Person or Authorized Agent

Date

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322C



Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name

Phone Number

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Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☒



Work Item 1319384300025
Original File Number 1317980300021

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
06/27/2022 11:59 PM

A handwritten signature in black ink that reads "Steve Simon". The signature is fluid and cursive.

Steve Simon
Secretary of State