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(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

Division of Cor	PINES REAL ESTATE LLC	*	
SUBJECT:		ited Liability Company	
		. , ,	2
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	2023 Ji !!
Please return all correspo	ondence concerning this matter	to the following:	
	TINA KUKANZA		· · · · · · · · · · · · · · · · · · ·
		Name of Person	
	CYPRESS PINES REAL I	ESTATE LLC	±°
		Firm/Company	
	P. O. BOX 7307		
		Address	
	ATHENS, GA 30606		
		Cits/State and Zip Code	
	FARRELL(a,ACCOUNTR		
For further information c	roncerning this matter, please ca	to be used for future annual report notificall:	aucuiy
TINA KUKANZA		706 207-7459	
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 radditional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	TO 11:	
iny as it now appears on our records.) Laability Company)		
were filed on MARCH 14, 2023	.E-*	
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lity Company," the designation "ELC" or the	e abbreviation "L.L.C."	
200 BEACH DRIVE NE SUITE 1		
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address on our records, <u>enter the m</u>	ame of the new register	
Finer Florida spect address		
Florida		
	lity Company here: Some and the designation "ELC" or the company." the designation "ELC" or the company." The designation "ELC" or the company. The surface of the company	

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.

City

Zip Code

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>	Address	Type of Action
MGR	BEN CAGLE	907 OAKWOOD DRIVE	□Add
		LARGO, FL 33770 US	■Remove
MGR	TINA KUKANZA	P. O. BOX 7307	
		ATHENS, GA 30604	□Remove
			☐ Change
			□ Add
		☐ Change	
			
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Effective date, if other than the	he date of filing:	(optional) Tilling or more than 90 days after filing.) Pursua	m to 605 0207
Note: If the date inserted in this	block does not meet the applicable statt	utory filing requirements, this date will no	t be listed as
document's effective date on the	Department of State's records.		
record specifies a delayed effect	tive date, but not an effective time, at 1.7	2:01 a.m. on the earlier of: (b) The 90th	day after the
rd is filed.	are different from the circumstance from the circumstance of the c		
H H N 6	2023		
Dated JULY 6			
) - ////		

Filing Fee: \$25.00

Typed or printed name of signee