

L23000132431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

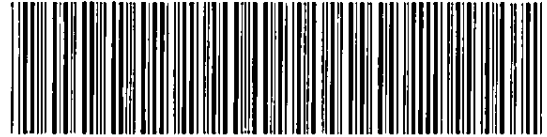
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2023 JUL -7 PM 1:54

A. PARISHANI

AUG 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS PINES REAL ESTATE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA KUKANZA

Name of Person

CYPRESS PINES REAL ESTATE LLC

Firm/Company

P. O. BOX 7307

Address

ATHENS, GA 30606

City/State and Zip Code

FARRELL@ACCOUNTINGEYE.COM

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

For further information concerning this matter, please call:

TINA KUKANZA

706 207-7459

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

2023 JUN -7 PM 1:54

2023-09-07 PM 1:54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

SAINT PETERSBURG, FL 33701

Lip ('ach'

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BEN CAGLE	907 OAKWOOD DRIVE	<input type="checkbox"/> Add
		LARGO, FL 33770 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TINA KUKANZA	P. O. BOX 7307	<input checked="" type="checkbox"/> Add
		ATHENS, GA 30604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 6, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00