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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: CYPRESS LAKE NO. 1 INC. DOCUMENT NUMBER: 201500					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RUSSELL J EDWARDS Name of Contact Person CYPRESS LAKE NO. 1, INC. Firm/Company 6241 NE 20TH TEARACE Fort Landerdale, FL 33308 City/State and Zip Code russelledwards@bellsouth.net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Russell Edwards as 954 804-2296					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment

to Articles of Incorporation FILED

18 JUH 28 AM . 5: 58

CYPRESS

LAKE

NO.

MANA

(Name of Corporation as currently filed with the Florida Dept. of State)

201500

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "Inc.," or the abbreviation "Inc.," or the abbreviation "Inc.," or the abbreviation "Inc.," or the abbreviation of the abbreviati	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6241 NE 20th Terrace Fort Landerdale, FL 33308
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	F
Name of New Registered Agent VSSEU	_ EDWARDS
6241 Ni	= 20th Terrace
New Registered Office Address: Fort La	er address) Lerdale Florida 33308 (Zip Code)
New Registered Agent's Signature if changing Begistered Agent: I hereby accept the appointment at registered agent. I am familiar we signature of New Re	ith and accept the obligations of the position,

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	Me, and odiny om	m, 57 ts to 2ttt.	
X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PT	SALIGA STEPHEN	1400 SE 7th Aux #2 Pomparo Beach Fh
Remove			33060
2) Change Add	PT	EDWARDS, RUSSEL	1400 SE 7th Avet 2 Pompero Beach, FL
Remove 3) Change Add	-0_	SALLGET, STEPHEN	33060 1400 SE 7th Are #2 Porparo Beach Fi
Add			
Remove			
Add Remove 6) Change			
Add		_	

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	NIA
	
	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1.0
	NIA
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The date of each amendment(s) adoption: 6-20-2018	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	(
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/20/20/P	
Signature Abalan M Saligu	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
STEPHEN M SALIGH	
(Typed or printed name of person signing)	
FP6T	
(Title of person signing)	