

L040000001569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

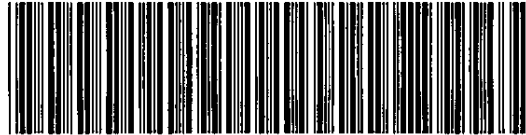
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Cypress Group, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda G. Cooper

Name of Person

The Cypress Group, LLC.

Firm/Company

1000 Primera Blvd

Address

Lake Mary, FL 32746

City/State and Zip Code

lindacooper@cypressgroupllc.org

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

For further information concerning this matter, please call:

Rose Williams

Name of Person

(407)

Area Code /

228-7664 Ext 1703

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Cypress Group, LLC.

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 January 7, 2004 and assigned
Florida Document Number L04000001569

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

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

Enter new principal offices address, if applicable:

1000 Primera Blvd

(Principal Office Address MUST BE A STREET ADDRESS)

Lake Mary, FL 32746

Enter new mailing address, if applicable:

1000 Primera Blvd

(Mailing address listed MAY BE A POST OFFICE BOX)

Lake Mary, FL 32746

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:

Name of New Registered Agent:

Linda G. Cooper

New Registered Office Address:

1000 Primera Blvd

Enter Florida street address

Lake Mary, FL 32746

City

State

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

If amending the Managers or Authorized Member on our records, enter the title, name and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

	Address	Type of Action
_____	_____	Add
_____	_____	-----O Remove
_____	_____	O Add
_____	_____	-----O Remove
_____	_____	O Add
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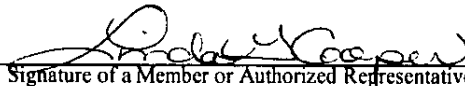
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective Date, If Other Than the Date of Filing:

(Optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/26/15


Signature of a Member or Authorized Representative of a Member

Linda G. Cooper
Typed or Printed Name of Signer

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Filing Fee: \$25.00

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