10000076925

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
		:

Office Use Only



300302548143

08/17/17--01019--004 **25.00

ZEIT AUG 30 PH 3: 54

HARRIS

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	Cypress Res	ort Homes, LLC		
SODGECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jan M Snider		
			Name of Person	
		Cypress Resort Homes LLC	С	
			Firm/Company	
		23851 Costa Del Sol Rd #	202	
			Address	
		Bonita Springs, FL 34135	•	
			City/State and Zip Code	
		jsnider@cypresswoodsrv.co		
			to be used for future annual report notific	ation)
For further in	formation co	ncerning this matter, please ca	all:	
Jan Snider			239 560-6213	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$2 5.00 Fi	iling 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/COURIER ADDRESS:

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



August 21, 2017

JAN M SNIDER 23851 COSTA DEL SOL RD #202 BONITA SPRINGS, FL 34135

SUBJECT: CYPRESS RESORT HOMES LLC

Ref. Number: L06000076925

We have received your document for CYPRESS RESORT HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 IS MISSING.

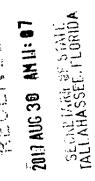
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00017090





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cypress Resort Homes LLC				
(Name of the Lim	ted Liability Co (A Florida Lim	mpany as it now appears o ited Liability Company)	n our records.)	
The Articles of Organization for this Limited L Florida document number L06000076925	Liability Comp	any were filed on $\frac{8-3-2}{}$	006	and assigned
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name o	of the limited	liability company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited I	iability Company," the design	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A		- CQ
(Principal office address MUST BE A STREI	ET ADDRESS	<u> </u>	 	
				ART UG man
			•	SSI O
Enter new mailing address, if applicable:		N/A	·	70
Mailing address MAY BE A POST OFFICE	BOX)			<u>ာ် (</u>
				TO ST
B. If amending the registered agent and registered agent and/or the new registered o			ur records, enter	the name of the nev
Name of New Registered Agent:	N/A			
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

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>	Type of Action
MGRM	Snider, Sharon K	23851 Costa Del Sol Rd # 202	□ Add
		Bonita Springs FL 34135	■ Remove
		.	☐ Change
MGR	Dourgerty, Danielle S	220 Tarrington Dr	
		DeLand FL 32724	■ Remove
			Change
MGR	Beanard, Catrina K	908 15th AVE	.□ Add
		Vienna, W.V. 26105	Remove
			Change
			Add
		 	Remove
			Change Addition Addition
			☐ Change
			☐ Remove
			☐ Change

If amending any other information, enter change(s) here: (A	ttach additional sheets, if ne	ecessary.)
•		
		<u>.</u>
		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		
8-25-2017	1	42D
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date.	e of filing or more than 90 days aft	
lote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	tatutory filing requirements, the	his date will not be listed as
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01	a.m. on the earlier of
ated August 26		
alcu		25H
		AND AU
Signature of a member or authorized	representative of a member	ASS
Jan M Snider		777 / H
Jan M Snider Typed or printed name	ne of signee	

Page 3 of 3

Filing Fee: \$25.00