

106000076925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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2017 AUG 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 30 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cypress Resort Homes, 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:

Jan M Snider

Name of Person

Cypress Resort Homes LLC

Firm/Company

23851 Costa Del Sol Rd #202

Address

Bonita Springs, FL 34135

City/State and Zip Code

jsnider@cypresswoodsrv.com

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

For further information concerning this matter, please call:

Jan Snider

239

560-6213

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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
2017 AUG 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 AUG 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cypress Resort Homes 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 8-3-2006 and assigned
Florida document number L06000076925

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

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>	<u>Type of Action</u>
MGRM	Snider, Sharon K	23851 Costa Del Sol Rd # 202	<input type="checkbox"/> Add
		Bonita Springs FL 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dourgerty, Danielle S	220 Tarrington Dr	<input type="checkbox"/> Add
		DeLand FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Beanard, Catrina K	908 15th AVE	<input type="checkbox"/> Add
		Vienna, W.V. 26105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 30 PM 3:54
SEC STAFF
FALL ARASSEE TIONIA


[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

August 26, 2017



Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE FLORIDA