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COVER LETTER

TO: Registration S Division of Co					
.i 3812 CVP	RESS. LLC				
	Name of Lim	ited Liability Company			
•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MICHAEL R. FOUTS				
		Name of Person			
	GLOWSTICK VENTURE	S. LLC			
	<u></u>	Firm/Company			
	298 LAKE MARKHAM R	ROAD			
		Address			
•	SANFORD, FL 32771				
		City/State and Zip Code			
		CCORNETTO@THETITANGROUP.COM			
	E-mail address; (to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please ca	all:			
MICHAEL R FOUTS		888 868-4736			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3812 CYPRESS, LLC				
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	r	
The Articles of Organization for this Limited Li	iability Company	were filed on 11/12/2008	and as:	signed
Florida document number L08000104929	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
he new name must be distinguishable and contain the w	ords "Limited Liabi			.IC."
ter new principal offices address, if applicable:		298 LAKE MARKHAM ROAD		-9
new name must be distinguishable and contain the words "Limited Liabler new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	SANFORD, FL 32771		SEVIO	
			AUG	
			29	목됐
Enter new mailing address, if applicable:		298 LAKE MARKHAM ROAD	D	20 C
				5.1 70%
			0	011
				75
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address her	<u>e</u> :	enter the name	of the
Name of New Registered Agent:	GLOWSTICK	VENTURES, LLC		
New Registered Office Address:	298 LAKE MA	RKHAM ROAD		
		Enter Florida street address		
	SANFORD	, Flori	ida <u>32771</u>	
		City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SUNNYSIDE PARTNERS LLC	2200 LUCIEN WAY	□ Add
		SUITE 405	
			Remove
		MAITLAND, FL 32751	□ Change
MGRM	GLOWSTICK VENTURES LLC	298 LAKE MARKHAM ROAD	
			Add
		SANFORD, FL 32771	□ Remove
			Change
-			
-			Add
			Remove
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	AUGUST :	2. 2018			
ective date, if other than the effective date is listed, the date mu	e date of filing:		than 90 days after filing) 7.) Pursuant t	o 605 0
e: If the date inserted in this but ument's effective date on the I	lock does not meet the applic	able statutory filing re	quirements, this date	will not be	listed
ament seriective date on the t	repartment of State 3 records.				
record specifies a delaye		t an effective tim	e, at 12:01 a.m.	on the e	arlier
he 90th day after the red					
AUGUST 2	2018				
ed 11000512		·			
		- <u>.</u>	C	kes	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00