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SECRETARY OF STATE
ORDA

DE CURIGAN OCT 182011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CYCEN COMMUNITY, 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:			
Shannon A. Lathem Name of Person			
Green Community, LLC.			
810-A S. Industry Road			
Cowa, P. 32926 City/State and Zip Code			
Shan-lathen@teamlathem.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shanon Lather at (321) 635-9244 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \$\ \ Certified			

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

	Or	OCT 1/ PH 3:00	
	npany as it now appears on ed Liability Company)	SECRETARY OF TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LO900093382</u> .	any were filed on OH 6	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	210-A S COUDA,	Industry Road FL 32926	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Slorida street address	
	Emer Prorida street address		
	City	, Florida 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Address Type of Action Steven D. Lathem □ Add □ Remove TES Group, LLC MGRM ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00