

LO9000112108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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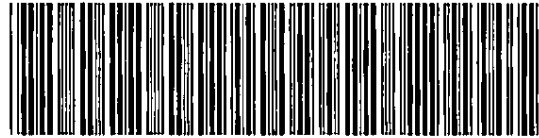
(Business Entity Name)

(Document Number)

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

OCT 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cypress Run of Florida, 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:

David C. Gilmore

Name of Person

David C. Gilmore, Esq.

Firm/Company

7620 Massachusetts Ave.

Address

New Port Richey, FL 34653

City/State and Zip Code

dcg@davidgilmorelaw.com

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

For further information concerning this matter, please call:

David C. Gilmore

727

849-2296

at (_____) _____

Name of Person

Area Code

Daytime Telep: one 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

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

Cypress Run of Florida, 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 November 20, 2009 and assigned
Florida document number L09000112108.

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

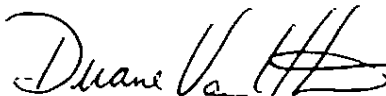
Name of New Registered Agent: Duane VanEtten

New Registered Office Address: 10301 Copperwood Drive
Enter Florida street address

New Port Richey, Florida 34654
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

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CLERK OF THE CIRCUIT COURT
STATE OF FLORIDA

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>
MGR	Thomas J. Tripoli	3885 Capitol Drive	<input type="checkbox"/> Add
		Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Irr	1016 Royal Birkdale Drive	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donald O. Hewitt	2051 Hillside Drive	<input checked="" type="checkbox"/> Add
		Falls Church, VA 22043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Duane VanEtten	10301 Copperwood Drive	<input type="checkbox"/> Add
		New Port Richey, FL 34654	<input type="checkbox"/> Remove
			<input checked="" 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

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 TALLAHASSEE, FLORIDA

[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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/23/17.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA