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EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Cypress	Arborwood, LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
		Name of Person		
	Cy	ypress Arborwood, LLC		
	Firm/Company			
	13490 Old Livingston Road			
		Address		
	,	Naples, Florida 34109		
		City/State and Zip Code	in co	
	as	anford@itgholding.com	Tree The Part of t	
	E-mail address:	(to be used for future annual report notification)	E T	
For further information	concerning this matter, please	call:	2 2 7	
	drew E. Sanford	at (239 ₁) 514 - 4484		
Name	of Person	at (239) 514 - 4484 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &	

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 Arbo	orwood, LLC						
(Name of the Limited	1 Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)					
The Articles of Organization for this Limited L	were filed on	12/31/2009	and assig	ned				
Florida document numberL1000000	0044							
This amendment is submitted to amend the foll	owing:							
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>-e</u> :					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	nny," the designation	"LLC" or the abb	reviatio			
Enter new principal offices address, if applic	13490 Old Livingston Road							
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34109						
Enter new mailing address, if applicable:		13490 Old Liv	vingston Road	ALLASE NOV				
(Mailing address MAY BE A POST OFFICE	Naples, FL 3		W22	Garage Fallman				
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>enter</u>	T1	he nev			
Name of New Registered Agent:	Andrew E. S	Sanford						
New Registered Office Address:								
		Enter Florida street address						
		Naples City	, Florida _	34109 Zip Code				
No. D. C. A. B. C. A. B. C. A. B. C. A. B. C. B.		Cny		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	ITG Holdings, LLC	13490 Old Livingston Road Naples, Florida 34109	Add Remove			
<u>MGRM</u>	David Goduti	9180 Galleria Court Naples, Florida 34109	Add ☑ Remove			
			Add Remove 			
			Add Remove			
		TA THE SECOND SE	Remove			
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	a Remove r			
)>r	<u>.</u>			
			-			
Dated	November 16 , 2010	<u>)</u> .	-			
_	Signature of a member or authorized representative of a member					
_		avid Goduti				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00