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(Cit	ty/State/Zip/Phone	e #)
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JUL 11 2014

S. YOUNG



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Cymple Garden, 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:

Christopher Bullock	
Name of Person	_
Firm/Company	
4460 Sw 35th Terrace; Suite 310	SEC TALL
Address	
Gainesville, FL 32608	The second secon
City/State and Zip Code	
chris.gatorhydro@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Christopher Bullock

_{4,7}352,362-4132

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cymple Garden, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L13000120240	Company were filed on <u>8/23/201</u>	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Cymply Fresh Cafe, LLC		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		現 声 カ
Enter new mailing address, if applicable:		Annual
(Mailing address MAY BE A POST OFFICE BOX)		
		×9. 8
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the nev
Name of New Registered Agent:		
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
			Remove
			755
			Remove
			<u> </u>
			□ Add
			□ Remove
			☐ Add
		<u> </u>	□ Remove

_		
_		
1110 01100	e date, if other than the date of filing: 08/01/2014 live date must be specific, cannot be prior to date of receipt or filed date and cannot be this document is filed by the Florida Department of State)	(optional) more than 90 days after
	-1 : 1	
Dated _	7/8/14	

Page 3 of 3

SECRETATION OF 4: 31
FALLAHASS TO TEAR OF

Filing Fee: \$25.00