

✓
L3000129600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

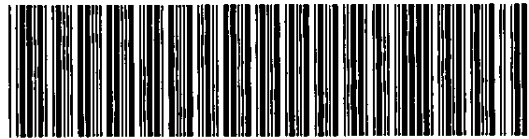
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 22 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Cypress SMA 1 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:

Justin L Green

Name of Person

Firm/Company

1314 E Las Olas Blvd #733

Address

Ft Lauderdale, FL 33301

City/State and Zip Code

JLGreencell@gmail.com

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

For further information concerning this matter, please call:

Justin Green

Name of Person

at (509) 679-3061

Area Code & Daytime Telephone Number

Daytime - 954 933-8098

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

2013 OCT 21 PM 4:52
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Cypress SMA 1 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 September 13, 2013 and assigned
Florida document number L1300129600

L13000129600

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cypress 1 SMA LLC

The new name must be distinguishable and end with 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)

1314 E Las Olas Blvd #733

Ft Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1314 E Las Olas Blvd #733

Ft Lauderdale, FL 33301

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:

New Registered Office Address:

1314 E Las Olas Blvd #733

Enter Florida street address

Ft Lauderdale

City

Florida 33301

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

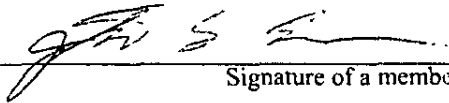
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin Green	2020 NE 56th St Apt 109	<input type="checkbox"/> Add
		Ft Lauderdale, FL 33304	<input checked="" type="checkbox"/> Remove
MGRM	Justin L Green	1314 Las Olas Blvd #733	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

Justin L Green

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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