

L17000151378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

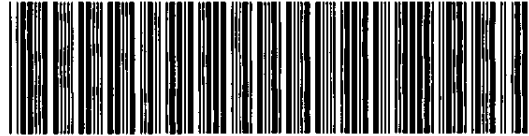
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALL AMASSMENT LONDON

J. G. Smith MAY 06 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cymplify, 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:

Joel Cobden

Name of Person

Cymplify, LLC

Firm/Company

PO Box 204637

Address

New Haven, CT 06520

City/State and Zip Code

joel@campuscustoms.com

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

For further information concerning this matter, please call:

Joel Cobden

203 789-1608
at ()

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**

Cymplify, 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 10/25/13 and assigned
Florida document number L13000151378.

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)

5408 NW 8th Avenue

Gainesville, FL 32605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 204637

New Haven, CT 06520

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:

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 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>
AMBR	Campus Clothing Co., Inc.	57 Broadway	<input type="checkbox"/> Add
		New Haven, CT 06511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joel Cobden	17 Indian Woods Road	<input checked="" type="checkbox"/> Add
		Branford, CT 06405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenneth Block	7808 NW 22nd Lane	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John D. Neal	1647 NW 22nd Circle	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32605	<input type="checkbox"/> Remove
			<input 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

SECRETARY OF STATE
ALL MISSISSIPPI
15 APR 30 PM 4:40

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.

(b) The 90th day after the record is filed.

Dated APRIL 28, 2015

Signature of a member or authorized representative of a member

Joel Cobden

Typed or printed name of signee