## 140000041171

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		
		· 

Office Use Only



300289176043

09/06/16--01002--024 \*\*25.00



## **COVER LETTER**

	Division of Cor	porations		
СI	CYPRE J <b>BJECT:</b>	SS DOME PUBLISHING LL	C	
3L	DBJEC1:	Name of Lim	ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		JENNIFER GULLEKSO	N	
	•		Name of Person	the state of the s
			Firm/Company	
275 MCLEODS WAY				
			Address	
WINTER SPRINGS, FL 32708				
			City/State and Zip Code	
		TAURIELSILVANELF@C		
		E-mail address: (	to be used for future annual report notific	eation)
Fo	r further information c	concerning this matter, please co	all:	
JENNIFER GULLEKSON			407 580-2114 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Er	nclosed is a check for t	he 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

TO:

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 DOME PUBLISHING		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on MAI	ACH 12, 2014 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<b>2:</b>
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
Enter new mailing address, if applicable:		16 SEP
(Mailing address MAY BE A POST OFFICE BOX)		SSEE P M
B. If amending the registered agent and registered agent and/or the new registered of		our records, enterothe name of the
Name of New Registered Agent:	JENNIFER GULLEKSON	
New Registered Office Address:	275 MCLEODS WAY	
		a street address
	WINTER SPRINGS	, Florida
	Citv	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>	Address	Type of Action
MGR	RONALD GULLEKSON		
		275 MCLEODS WAY	Remove
		WINTER SPRINGS, FL 32708	☐ Change
MGR	JENNIFER GULLEKSON	275 MCLEODS WAY	₩ Add
		WINTER SPRINGS, FL 32708	Remove
			Change
<del></del>			Add
			□ Remove
			☐ Change
	<del> </del>		Add
			Remove
			D Change
			Add T
			SEE OF SI
			SSEE FLORIDA
			Remove
		•	□ Change

		<del> </del>	· · · · · · · · · · · · · · · · · · ·	
				<del></del>
*****	·····		·····	
		•		· · · · · · · · · · · · · · · · · · ·
			· · · ·	
<del></del>				
		······································		
<del> </del>				
				5. 6
				SE
	<del></del>	<del></del>		and a second
-				SSEE P.
				STA
				Om A
<del></del>	<u> </u>			<del></del>
ective date, if other	than the date of filing: _ ne date must be specific and ca		(op	tional)
n effective date is listed, the te: If the date inserted	ne date must be specific and ca I in this block does not mee	nnot be prior to date of filin t the applicable statutory	g or more than 90 days af filing requirements, t	ter filing.) Pursuant to 605.02 his date will not be listed
	on the Department of Stat		<b>5</b> .	
	delayed effective dat the record is filed.	e, but not an effect	ive time, at 12:01	. a.m. on the earlier
ne socii day arter	the record is incu.			
red Ava.	30 , 9 A 0	2016		
		<del>0012</del> .		
V	<u> </u>	<b>\</b>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00