

L14 00000430b1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

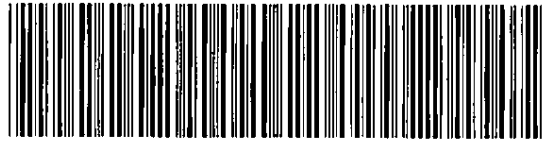
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JULIA A. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYPRESS GLOORING, 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:

ALESSANDRA DELGALLO

Name of Person

Firm/Company

16239 FIREDRAGON DR.

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

gma.mkacc@gmail.com

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

For further information concerning this matter, please call:

ALESSANDRA DELGALLO

407

446-3777

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CYPRESS FLOORING 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 03/14/2014

Florida document number L1400004301

This amendment is submitted to amend the following:

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

N/A

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)

358 HIDDEN PALM CIRCLE APT. 304

KISSIMMEE- FL-34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

358 HIDDEN PALM CIRCLE APT. 304

KISSIMMEE, FL 34747

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:

N/A

New Registered Office Address:

358 HIDDEN PALM CIRCLE APT 304

Enter Florida street address

KISSIMMEE

City

Florida 34747

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.

N/A
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>
MGR	ALESSANDRA DELGALLO	16239 FIREDRAGON DR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULO CESAR LIMA	358 HIDDEN PALM CIRCLE APT. 304,	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
		CHANGE ADDRESS PLEASE	<input checked="" 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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please I need to change:

-The company address, (mailing and principal offices)

-The address of MGR (PAULO CESAR LIMA) and

-Remove MGR (ALESSANDRA DELGALLO).

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July, 24 2024



Signature of a member or authorized representative of a member

ALESSANDRA DELGALLO

Typed or printed name of signee