## L14000053550

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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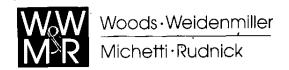


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SECRETARY OF STATE
ORIGINAL ANASSEFF, FLORID.

GRU 7125/14



July 21, 2014

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Re:

Cypress Provisions, LLC

Our file no.: 12008-001

To Whom This May Concern:

In connection with the above-referenced matter, enclosed is this firm's trust account check number 1037 in the amount of \$25.00 which represents the filing fee along with the cover letter.

If you should have any questions or concerns with this matter, please feel free to contact us.

Sincerely,

Real Estate Assistant

/smr enclosure

## **COVER LETTER**

TO: Registration Section Division of Corp.			
SUBJECT: Cypre	ss Provisions	LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Michael L Mi	ichetti	
		Name of Person	<del></del>
	Woods Weiden	ımiller Michetti & Ru	dnick, PL
		Firm/Company	
	9045 Strada	Stell Court, Four	th Floor
		Address	<del></del>
	Naples, FL 3	34109	
		City/State and Zip Code	<del></del>
	mmichetti@lawfir	mnaples.com to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	·	
Michael Mic			070
Name of		$\underbrace{239}_{\text{Area Code}} \underbrace{325\text{-}40}_{\text{Daytime}}$	Telephone Number
Enclosed is a check for the	e 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

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L1400053550	were filed on 4/1/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	sility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12429 Green Stone Ct		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33913		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	12429 Green Stone Ct Fort Myers, FL 33913		
registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City Florida Signature City		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** Title Title <u>Name</u> Healy, John **AMBR** 12429 Green Stone Ct. Fort Myers, FL 33913 ■ Add ☐ Remove Healy, Keith 12011 Rock Brook Run #2003 Fort Myers, FL 33913 **AMBR** ■ Add ☐ Remove HEALY, KEITH M **AMBR** 100 LINCOLN AVENUE APT 3C MINEOLA, NY 11501 ■ Remove HEALY, JOHN K **AMBR** 350 DOGWOOD LANE MANHASSET, NY 11030 ■ Remove Remove U □ Add ☐ Remove

	her information, enter change(s) here	
fective date must b	her than the date of filing:  be specific, cannot be prior to date of receipt or files filed by the Florida Department of State)	ed date and cannot be more than 90 days after
ffective date must bate this document is	be specific, cannot be prior to date of receipt or fi	
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Page 3 of 3

Filing Fee: \$25.00

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