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SEPRETARY OF STATE
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## **COVER LETTER**

	egistration Se vision of Cor			
SUBJECT		terprises, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		Aris Rogers		
			Name of Person	
		AER Enterprises, LLC		
			Firm/Company	
		3330 West Cypress Street		
			Address	
		Tanpa, FL 33607		26 26 C
		arogers@ariscpa.com	City/State and Zip Code	mor r
			to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please ca	all:	章 司 司
Aris Roger	rs		813 369.0479 at ( )	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cypress Enterprises, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000121667	were filed on August 4, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3330 West Cypress Street
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607
Enter new mailing address, if applicable:	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	ETARY CO FI
3. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the
egistered agent and/or the new registered office address her	
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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Kara Sheehan	131 West Davis Blvd	Add
		Tampa, FL 33606	■ Remove
			Change
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		<del></del>	Remove
			Change
<u></u>			Add
			SECRETARY OF THE Change.
			□ Premove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	SSE 26	-[T]
Effect	ive date, if other than the date of filing:	
Note:	fective 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:60:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	5.0207 (3) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	October 20 , 2015 .	
	Signature of a member or authorized representative of a member	
	Michael Martin	
	Typed or printed name of signee	

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Filing Fee: \$25.00