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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer	
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COVER LETTER

Division of Cor			
SUBJECT:		ss LCC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kochelle	Johnson Name of Person	- -
	1/3/2	Sypress LCC Firm/Company	
	P.O. Box 52	96 Address	
	McDonoust	_ 6A 30253	1 5 三
	Pazzinoine (E-mail address: 4	City/State and Zip Code GMAIL COM To be used for future annual report notifi	ication)
For further in formation co	Onçerning this matter, please ca	/ all:	
Kochell	C Johnson Person	at <u>678) 43 7 -</u>	0035 Telephone Number
Enclosed is a check for th	ne 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

(Name of the Limited Liability Company as it now appe	ars on our records)
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company b	nere:
The new name must be distinguishable and end with the words "Limited Liability Company," the Enter new principal offices address, if applicable:	e designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	30 1
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
. 200.1	Till and all a

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Breanna C. Williams	P.O. Box 586 McDonoush 6A	Add
			Remove
			
			Add
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		Frence	□!Remove
			30 Add
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			Remove
			_
	-		Add
			Remove
			_
			□ Add
			_□ Remove

Would like to add Breanna C. William	, , , , , , , , , , , , , , , , , , , ,
oreania C. W.Mam	<u> </u>
	
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Page 3 of 3

Filing Fee: \$25.00