

L15000131399

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 06 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CYPRESS LAND CARE 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:

BRYAN FORRESTER  
Name of Person  
CYPRESS LAND CARE LLC  
Firm/Company  
5149 KINGSTON DR  
Address  
BATZINGTON FL 60610  
City/State and Zip Code  
bcf8976@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN FORRESTER at (847) 732-8712  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CYPRESS LAND CARE, 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 7-31-2015 and assigned Florida document number L15000131399.

This amendment is submitted to amend the following:

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

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)

5149 KINGSTON DR.  
BARRINGTON, IL 60010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5149 KINGSTON DR.  
BARRINGTON, IL 60010

**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:

BRYAN FORESTH

New Registered Office Address:

20130 ROOKERY DR.

Enter Florida street address

ESTERO

City

Florida

33923

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.*

Bryan Foresth

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>
<u>Agent</u>	<u>LAUREN A. CONRAN</u>	<u>5483 FERRARI AVE.</u>	<input type="checkbox"/> Add
		<u>AVE MARIA, FL 34142</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>LUCAS J CONRAN</u>	<u>5483 FERRARI AVE</u>	<input type="checkbox"/> Add
		<u>AVE MARIA, FL 34142</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>BRYAN FORRESTER</u>	<u>20130 ROCKERY DR.</u>	<input checked="" type="checkbox"/> Add
		<u>ESTERO, FL 33928</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AGENT</u>	<u>KEVIN FORRESTER</u>	<u>20130 ROCKERY DR</u>	<input checked="" type="checkbox"/> Add
		<u>ESTERO, FL - 33928</u>	<input type="checkbox"/> Remove
			<input 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

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

E. Effective date, if other than the date of filing: 8-29-10 (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 ~~2016~~ August 29, 2016

  
Signature of a member or authorized representative of a member

Lucas J Concan  
Typed or printed name of signee

16 AUG 31 PM 2:06  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

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