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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT:		CYPRESS PRESERVE DRIVE, L	L.C	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Jennifer Echeverry			
		Name of Person		
	The Woman's Group, P.A.			
		Firm/Company		
	3000 Medical Park Drive,	Suite 300		JAI. SEC
		Address		
	Tampa, Florida 33613			FILED
	E-mail address: (to be used for future annual report notif	cation)	0 53 10 4 53
For further informatio	n concerning this matter, please c	all:		j»΄΄ ω
Jennifer Echeverry		813 769-2778 at ()		
Nam	e of Person	Area Code Daytimo	Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations. Box 6327 lahassee, FL 32314	STREET/COURL Registration Section Division of Corport Clifton Building 2661 Executive Central Tallahassee, FL 32	n ntions ter Circle	,s. w., s.m.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S-5181 CYPRESS PRESERVE DRIVE, LL	C
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Com	npany were filed on December 16, 2015	and assigned
lorida document number L15000208535		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
TWG REAL ESTATE HOLDINGS-53	394 PRIMROSE LAKE CIRCLE LLC	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	66)	
The sput office mainess most but its true in more		SS 3
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		担ぶ 望 口
. If amending the registered agent and/or register gistered agent and/or the new registered office addres		ter the name of the
gistered agent and/or the new registered office address	11010	
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, 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>	Address	Type of Action
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			☐ Change
			_ ☐ Add
			Remove
			□ Add
			IA SE REMOVE
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			Change
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Filing Fee: \$25.00