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R. W. Litt

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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
		•	
SUBJECT:    Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	CHRISTINE H JENKINS		
	<del></del>	Name of Person	
	1620 CYPRESS DR, LLC		
		Firm/Company	<del></del>
	6578 SE ROANOKE CT		
		Address	<del></del>
	HOBE SOUND, FL 33455		
	~	T.NET	
			carion
For further information of	concerning this matter, please co		
CHRISTINE H JENKIN	4S	at ()	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  CHRISTINE H JENKINS  Name of Perso  1620 CYPRESS DR. LLC  Firm/Compare 6578 SE ROANOKE CT  Address  HOBE SOUND, FL 33455  City/State and Zip CHJENKINS9@COMCAST.NET  E-mail address: (to be used for future)  For further information concerning this matter, please call:  CHRISTINE H JENKINS  Name of Person  172  Area Concerning Fee  \$555.00 Filing Fee  Certificate of Status  Certificate Certificate of Cadditional concerning to Cadditional concerning Certificate Certific	Area Code Daytime	:Telephone Number	
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
MAII	LING ADDRESS:	STREET/COURT	ER ADDRESS:

TO:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1620 CYPRESS DRIVE, LLC		2019 5 24	PH 12: 53
(Name of the Limit	ed Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Li	ability Company were filed or	02/16/2016	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability compan	v here:	
The new name must be distinguishable and contain the week that the week that the manner of the second of the secon	able:	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u> <u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o	or registered office addres	s on our records, <u>e</u>	nter the name of the ne
Name of New Registered Agent:	CHRISTINE H. JENKINS		
New Registered Office Address:	6578 SE ROANOKE CT		
		r Florida street address	22.455
	HOBE SOUND	, Florid	a 33455 Ziv 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>	<u>Address</u>	Type of Action
MGR	WALTER E JENKINS	6578 SE ROANOKE CT HOBE SOUND . FL 33455	_□ Add
			<b>■</b> Remove
			Change
			Add
			□ Remove
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If an eff Note:	fective date is listed,  If the date inserte	than the date of the date must be spec d in this block doe e on the Departme	ific and cannot be p s not meet the app	plicable statutory i	or more than 90 days a	ptional) offer filing.) Pursuant to 6 this date will not be li	05.0207 sted as
he red The	cord specifies a 90th day afte	a delayed effec r the record is	tive date, but filed.	not an effectiv	ve time, at 12:0	1 a.m. on the ear	lier of
Dated	Sept	Ember 19	, <u>20</u>	19.			
	Chu	Time TV	Jakus	nuthorized represent	ative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00