# 116000034685

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORING

FILED

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Brian K. Duffey, J.D., AEP\* Shareholder Sydney A. Smith, J.D. Associate 2300 Glades Road, Suite 460W Boca Raton, Florida 33431 **Phone:** 561.862.4176 | **Fax:** 561.862.4983

www.duffey-law.com

June 5, 2017

VIA U.S. MAIL

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

RE: Cypress Trl, LLC – Articles of Amendment to Articles of Incorporation Florida Document #L16000034685

Dear Clerk:

Enclosed please find the Cover Letter to the Articles of Amendment to Articles of Incorporation of Cypress Trl, LLC, together with check #2066 in the amount of \$25.00 representing the filing fee for the change of Resident Agent for this limited liability company.

Kindly date stamp the attached copy of this letter and return it to us in the self-addressed stamped envelope provided for proof of receipt.

If you have any questions, please feel free to contact us.

Very truly yours,

THE DUFFEY LAW FIRM By: Rona Deutch, Paralegal

SAS/rad Enclosures

cc: Ludmilla Goldberg (via electronic mail: trezzainc@aol.com)

# **COVER LETTER**

TO:	Registration Sec Division of Corp							
CIID II	CYPRESS T	TRL, LLC						
SUBJI	ECI;	Name of Lim	ited Liability Company	···				
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing,					
Please	return all correspor	dence concerning this matter	to the following:					
		Ludmilla Goldberg						
			Name of Person					
			Firm/Company					
		Address $\stackrel{\mathcal{A}_{\mathcal{S}}}{\underset{\mathcal{S}}{\longleftarrow}}$						
		West Palm Beach, FL 334	17	7 JUN CRETA	FILED			
			City/State and Zip Code	N-9 F				
		trezzainc@aol.com		m <sub>O</sub>	in .			
For fu	rther information co	E-mail address: ( neerning this matter, please co	to be used for future annual report notifi all:	FLORID	D			
Ludm	illa Goldberg		561 889-4194 at ()	> 00				
	Name of	Person		Telephone Number				
Enclos	sed is a check for the	e following amount:						
<b>■</b> \$2	25.00 Filing Fec	□ \$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 OF

CYPRESS TRL, LLC		
(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	iability Company were filed on F	ebruary 18, 2016 and assigned
Florida document number L16000034685	•	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
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 appli	cable:	<del>.                                    </del>
Principal office address MUST BE A STRE	ET ADDRESS)	
•		AR L
		AR ASS
Enter new mailing address, if applicable:		m Egg
Mailing address MAY BE A POST OFFICE	POVI	
Mutung dauress MAI BE A FOST OFFICE	(BUXI	20 F
	<del></del>	<del>- 51 8</del>
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter the name of the</u>
Name of New Registered Agent:	Ludmilla Goldberg	
New Registered Office Address:	208 Wellington B	
<del>-</del>	Enter Flo	orida street address
	West Palm Beach	, Florida 33417
	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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		Remove
		Change
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fective date, if other the n effective date is listed, the	date must be specif	ic and cannot be	Drior to date of 1	ning of more man:	(optional) 00 days after filing.	) Pursuant to	605.0
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record specifies a d The 90th day after t	lelayed effecti he record is fi	ve date, bu led.	t not an effe	ective time, a	t 12:01 a.m.	on the e	arlier
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Page 3 of 3

Filing Fee: \$25.00