

L16000162725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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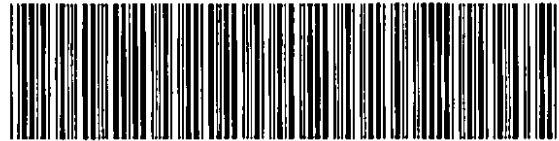
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SR CYPRESS GARDENS, 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:

LES H. STEVENS, ESQUIRE

Name of Person

LES H. STEVENS, P.A.

Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

Address

BOCA RATON, FLORIDA 33487

City/State and Zip Code

alan.rutner@pwg-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LES H. STEVENS, ESQUIRE

561

989-9797

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
OF**

SR CYPRESS GARDENS, 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 AUGUST 30, 2016 and assigned Florida document number L16000162725.

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)

5300 BROKEN SOUND BOULEVARD, NW

SUITE 110

BOCA RATON, FLORIDA 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5300 BROKEN SOUND BOULEVARD, NW

SUITE 110

BOCA RATON, FLORIDA 33487

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:

ALAN RUTNER

New Registered Office Address:

5300 BROKEN SOUND BOULEVARD, NW, SUITE 110

Enter Florida street address

BOCA RATON

City

Florida 33487

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.


(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>
MGR	JEFFREY LEVITETZ	5301 BROKEN SOUND BOULEV	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Change
MGR	GARY RALSTON	114 N TENNESSEE AVENUE	<input type="checkbox"/> Add
		3RD FLOOR	<input checked="" type="checkbox"/> Remove
		LAKELAND, FLORIDA 33801	<input type="checkbox"/> Change
MGR	DEAN SAUNDERS	114 N TENNESSEE AVENUE	<input type="checkbox"/> Add
		3RD FLOOR	<input checked="" type="checkbox"/> Remove
		LAKELAND, FLORIDA 33801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRET
DISTRIBUTION

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(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)

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

July 2, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LES H. STEVENS, ESQUIRE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee