

L17000193014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

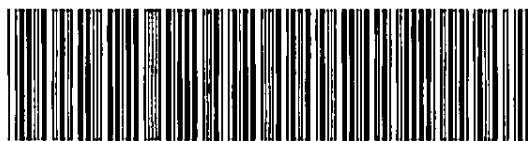
(Business Entity Name)

(Document Number)

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Amend

MAY 27 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS MOWER SERVICE AND SALES, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

RUH N. CHAPMAN
Name of Person

CYPRESS MOWER SERVICE & SALES, LLC
Firm/Company

455 W. MACLENNY AVENUE
Address

MACLENNY, FLA. 32063
City/State and Zip Code

INFO. CYPRESS MOWER @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUH N. CHAPMAN at (904) 397-0215
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CYPRESS MOWER SERVICE & SALES, 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 SEPT. 18, 2017 and assigned Florida document number L17000193014.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROTH N. CHAPMAN

New Registered Office Address:

same

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARBARA M. HATTEW	455 W. MACCLINNEY AVE,	<input type="checkbox"/> Add
		MACCLINNEY, FLA, 32063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROTH N. CHAPMAN	455 W. MACCLINNEY AVE	<input checked="" type="checkbox"/> Add
		MACCLINNEY, FLA, 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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.


Signature of a member or authorized representative of a member

RUTH N. CHAMMAN
Typed or printed name of signee

Filing Fee: \$25.00