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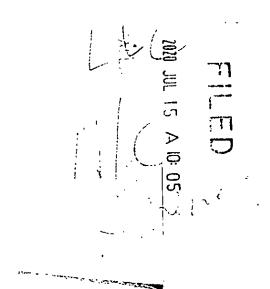
| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2020

WILLIAM MITCHELL 3271 TAMIAMI TRAIL SUITE E PORT CHARLOTTE, FL 33952

SUBJECT: THE GUEST SPOT, LLC

Ref. Number: L17000210494

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00012892

Querida R Moore Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER . . . . .

TO:

Tallahassee, FL 32314

|                    | Registration Se<br>Division of Cor |                                              |                                                               |                         |                 |              |
|--------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------|-------------------------|-----------------|--------------|
| 2110 IE <i>C</i> " | The Guest S                        | Spot, LLC                                    |                                                               |                         |                 |              |
| SUBJEC             | ); <u></u>                         | Name of Lim                                  | ited Liability Company                                        |                         |                 |              |
| The enclo          | sed Articles of                    | Amendment and fee(s) are sub                 | mitted for filing.                                            |                         |                 |              |
|                    |                                    | ondence concerning this matter               | -                                                             |                         |                 |              |
|                    |                                    | William Mitchell                             |                                                               |                         |                 |              |
|                    |                                    |                                              | Name of Person                                                | <del></del>             |                 |              |
|                    |                                    | The Guest Spot                               |                                                               |                         |                 |              |
|                    |                                    |                                              | Firm/Company                                                  |                         |                 |              |
|                    |                                    | 3271 Tamiami Trail, Suite                    | Е                                                             |                         |                 |              |
|                    |                                    |                                              | Address                                                       |                         |                 |              |
|                    |                                    | Port Charlotte, Fl 33952                     |                                                               |                         |                 |              |
|                    |                                    | kristin@willanthonycosmet                    | City/State and Zip Code ics.com                               |                         |                 |              |
|                    |                                    | E-mail address: (                            | to be used for future annual                                  | report notifica         | ation)          |              |
| For furthe         | er information c                   | oncerning this matter, please ca             | all:                                                          |                         |                 |              |
| Kristin            |                                    |                                              | 732 58<br>at ( )                                              | 93556                   |                 | ,            |
|                    | Name o                             | f Person                                     | Area Code                                                     | Daytime T               | elephone Number | <del> </del> |
| Enclosed           | is a check for the                 | he following amount:                         |                                                               |                         |                 |              |
| <b>\$25.0</b>      | 0 Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee<br>Certified Copy<br>(additional copy is en |                         | Certified (     | of Status &  |
| _                  | Mailing Addres                     |                                              | Street A                                                      |                         |                 | •            |
|                    | Registration S<br>Division of C    |                                              |                                                               | ration Section of Corpo |                 |              |
|                    | P.O. Box 632                       |                                              |                                                               | entre of Tal            |                 |              |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT AR

| TICLES OF ORGANIZATION OF                          | E//         |
|----------------------------------------------------|-------------|
| Or                                                 | Way July ED |
| mited Liability Company as it now appears on our i | records.)   |

| The Guest Spot, LLC                                 |                                                                          | <b></b>                       | 15                        |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|---------------------------|
| (Name of the Lim                                    | ted Liability Company as it now ap<br>(A Florida Limited Liability Compa | pears on our records.)<br>ny) | 15 4 10 05                |
| The Articles of Organization for this Limited I     | iability Company were filed or                                           | 10/11/2017                    | and assigned              |
| lorida document number 1.17000210494                | ·                                                                        |                               | • •                       |
| his amendment is submitted to amend the fol         | lowing:                                                                  |                               |                           |
| . If amending name, enter the new name o            | of the limited liability compan                                          | y here:                       |                           |
| Sypress Ink, LLC                                    |                                                                          |                               |                           |
| ne new name must be distinguishable and contain the | words "Limited Liability Company,"                                       | the designation "LLC" or t    | the abbreviation "L.L.C." |
| nter new principal offices address, if appli        | cable:                                                                   |                               | 1                         |
| •                                                   |                                                                          |                               |                           |
| Principal office address MUST BE A STRE             | <u> </u>                                                                 | <del></del>                   | <del></del>               |
|                                                     | <del></del>                                                              |                               | <del></del>               |
|                                                     |                                                                          |                               |                           |
| nter new mailing address, if applicable:            |                                                                          |                               |                           |
| Mailing address MAY BE A POST OFFICE                | BOX)                                                                     |                               |                           |
|                                                     |                                                                          |                               |                           |
|                                                     |                                                                          |                               |                           |
| 3. If amending the registered agent and/or          | registered office address on o                                           | ir records enter the          | name of the new register  |
| gent and/or the new registered office addre         |                                                                          | ii records, <u>enter the</u>  | lanc of the new registe   |
|                                                     | <del></del>                                                              |                               | •                         |
| Name of New Registered Agent:                       | Kristin Gooper                                                           |                               |                           |
| New Registered Office Address:                      | _ 3271 Tani                                                              | en Trail                      | Suites DIE                |
|                                                     | Enter                                                                    | Florida street address        |                           |
|                                                     | Boot Charla                                                              | Florida                       | a 7395)                   |

#### 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.

City

Zip Code

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 |
|--------------|-------------|---------|----------------|
|              |             |         | □Add           |
|              |             |         | □Remove        |
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|              |             |         | <br>           |
|              |             |         | Remove         |
|              |             |         | □Change        |

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| Change ownership perce                               | ntage. William Mitchell 50% and Kri                                                                                                    | stin Cooper 50%                       |                                                                                  |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|
|                                                      |                                                                                                                                        |                                       |                                                                                  |
|                                                      |                                                                                                                                        | <del>-</del> .                        |                                                                                  |
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| <del></del>                                          |                                                                                                                                        |                                       |                                                                                  |
|                                                      |                                                                                                                                        | <u></u> .                             | <del></del>                                                                      |
| Note: If the date inserted in th                     | the date of filing: must be specific and cannot be prior to do is block does not meet the applicable to Department of State's records. | ate of filing or more than 90 days at | otional)<br>Acr filing.) Pursuant to 605.0207<br>this date will not be listed as |
| ne record specifies a dela<br>The 90th day after the | yed effective date, but not an record is filed.                                                                                        | n effective time, at 12:0             | 1 a.m. on the earlier of                                                         |
| Dated                                                | 2020                                                                                                                                   |                                       |                                                                                  |
| 7                                                    |                                                                                                                                        |                                       | )<br>                                                                            |
|                                                      |                                                                                                                                        |                                       |                                                                                  |
|                                                      | Signature of a member or authorize                                                                                                     | d representative of a memoer          |                                                                                  |
|                                                      |                                                                                                                                        |                                       |                                                                                  |

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