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COVER LETTER

Divisi	on of Cor	porations		
(Carrent Carrent Carre	YPRESS	CREEK LEASEHOLDER, LL	.C	
SUBJECT: _	_	Name of Lim	ited Liability Company	
The enclosed A	articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Richard B. Warren, Esq.		
			Name of Person	
		Warren & Grant, P.A.		
			Firm/Company	
		4800 N. Federal Hwy., Sui	te A-205	
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further info	rmation co	oncerning this matter, please ca	all:	
Richard Warre	n		561 681-9494 at ()	
Name of Person		Area Code Daytime	: Telephone Number	
Enclosed is a cl	heck for th	ne following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		Street Address: Registration Sec	ction
Divis	ion of C	orporations	Division of Cor	porations

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CYPRESS CREEK LEASEHOLDER, 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 Liabil	ity Company	were filed on	11/06/2018	and assigned
Florida document number L18000260623				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company	here:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," th	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	4800 N. Fede	eral Hwy.	
(Principal office address MUST BE A STREET A.		Suite A-205		
		Boca Raton,	FL 33431	
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regis agent and/or the new registered office address he had not been registered Agent:	tered office :	address on ou	r records, <u>enter</u>	the name of the new registered
	800 N. Federa	al Hwy., Suite A	-205	
New Registered Office Address.		Enter l	lorida street addres.	s
E	Boca Raton		, Flo	orida 33431 Zip Code
-		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register	nd complete	performance	of my duties, ar	nd I am familiar with and

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 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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Note:	tive date, if other than the date of filing:	05.020 sted (
e reco rd is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affiled.	ter th
Dated	March 1 Signature of a member or authorized representative of a member	
	Signature of a memory or aumorized representative of a memoer	

Filing Fee: \$25.00