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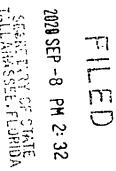
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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	•	•	COVER LETTER	
TO:	Registration Se Division of Cor			
		e Cypher LLC		
SUBJE	:CT:			
,			nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Opal Smith		
			Name of Person	
		The Culture Cypher LEC		200
			Firm/Company	- F S
		104 WILTON CIRCLE	- April	SEP-8 PH
			Address	
		Sanford, F1, 32773		PH 2: 32
		iopalsnow@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt Opal Si		oncerning this matter, please c	407 687-0328	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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 S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Culture Cypher LLC			
(Name of the Limited I	iability Compa Florida Limited	nv as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Liabi lorida document number	were filed on 8/10/2020	and assigned	
his amendment is submitted to amend the followi			
. If amending name, enter the new name of th	e limited liab	ility company here:	
Opal Snow L.L.C			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable		104 Wilton Circle	77.5
Principal office address MUST BE A STREET A	DDRESS)	Sanford, FL 32773	SP II
nter new mailing address, if applicable:			B PH
Mailing address MAY BE A POST OFFICE BOX)		104 Wilton Circle	
		Sanford, FL 32773) Din 10
If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent:	etered office a ere: Opal Smith	address on our records, <u>c</u>	enter the name of the new regis
New Registered Office Address:	104 WILTON CIRCLE		
res registered Office Address.		Enter Florida street c	address
S	anford		, Florida 32773
_		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 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
			□Change
			□Add
			SEP DChange
			PH 2: 32
			☐ Remove
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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blockument's effective date on the Department.	be specific and cannot be prior to k does not meet the applicab	date of filing or more t	(optional) han 90 days after filing quirements, this date	. 1 Duroumet to 405 03
ord specifies a delayed effective of filed.	date, but not an effective tim	e, at 12:01 a.m. on th	ne earlier of: (b) TI	ae 90th day after th
August 10, 2020	12:01 am			
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Si	gnature of a member or authori.	zed representative of a	member	