## MOSON

<u></u>	
	(Requestor's Name)
-	• •
	(Address)
_	(Mulcas)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
• •	PICK-UP WAIT MAIL
-•	
	(Business Entity Name)
<del>- :</del>	
	(Document Number)
 Certific	ed Copies Certificates of Status
	ST. Office
Spec	cial Instructions to Filing Officer
	Office Use Only
1:	
Turre	



500438122425

FILED

2024 OCT 22 FH 3: 48

SEGN LINE THE

2024 OCT 22 AM 10: 42

RECEIVED

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \_\$25.00\_\_\_\_\_ Authorization Signature: 350 Cypress LLC. L19000240266 **Business Name** #Document # \_\_\_ Walk in Will wait Certified Copies of the Articles of Incorporation Certificate of Status NEW FILINGS **AMENDMENTS** Profit \_\_X\_\_ Amendment \_\_\_\_ Not for Protit Resignation of R.A. Officer/Director \_\_\_\_ LLC \_\_\_\_Change of Registered Agent \_\_\_\_ Domestication Dissolution/Withdrawal \_ INC Conversion CORP Statement of FACT OTHER \_\_\_Merger OTHER FILINGS **REGISTRATION/QUALIFICATIONS** \_\_\_\_Annual Report Foreign Filing Partnership \_\_\_\_Fictitious Name Reinstatement CORRECTION for a Foreign LLC \_\_\_\_ Statement of Authority \_\_\_\_Domestication of a Foreign Corp. APOSTII. COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC.

EXAMINER'S INITIALS:\_\_\_\_

October 23, 2024

FLORIDA CAPITAL COURIER SERVICES INC WALK IN TALLAHASSEE, FL

SUBJECT: 350 CYPRESS, LLC Ref. Number: L19000240266

We have received your document for 350 CYPRESS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

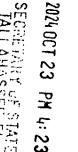
DOCUMENT IS TOO DARK. PLEASE LIGHTEN IT BEFORE RESUBMITTING.

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 424A00023358



www.sunbiz.org

## **COVER LETTER**

Division of Corp	orations				
SUBJECT:	350 (**	YPRESS, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
		ANDRES SANCHO			
		Name of Person			
		TAX DOT COM INC			
	Firm/Company				
1127 ROYAL PALM BEACH BLVD STE 183					
	Address				
	ROYAL PAEM BEACH FL 33411				
	·· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		ndres.sancho@gmail.com			
		to be used for luture annual report notifi	cation)		
For further information co	ncerning this matter, please c	aff:			
Andres Sancho		561 389 - 8			
Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>u</u>	Street Address:			

Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

	350 CYPRES	SS, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)		<del>_</del>
he Articles of Organization for this Limited I lorida document number 1.19000240266	Liability Company	were filed on $\frac{09/23/20}{}$	19	an	d assigned
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	J	ility company here:			
SMART RENTAL ASSISTANCE LLC					
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designal	ion "LLC" or	the abbreviation	on "L.1C."
Enter new principal offices address, if appli	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)	481 W 32nd St	· ·		
		RIVIERA BEACH.	FL 33404	<u> </u>	1
			:	<b>124 0</b>	
Inter new mailing address, if applicable:		<u> </u>		2	
Mailing address MAY BE A POST OFFICE	BOX)	481 W 32nd St.		22	<u> </u>
		RIVIERA BEACH,	FL 33404	<b>P#</b>	0:
		<u> </u>		္ ယု	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addr</li> </ol>	registered office a ess here:	address on our record	s, enter the	name ossh	e new regist
Name of New Registered Agent:	Tax Dot Com Inc				
New Registered Office Address:	1127 Royal Pal	m Beach, BLVD Ste 183	•		
		Enter Florida str	eet address		
	Royal Palm Bea	nch	, Florid	la <u>33411</u>	
		City		Zip (	`ode

## 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

Wamending 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

Litte	Name	Address	Type of Action
Sirok	SANDRA C PANDO	481 W 32nd St	= Add
		RIVIERA BEACH, FL 33404	
			Change
AMBR	WYO HOLDINGS, ELC	4119 LAKESPUR CIR S	
		PALM BEACH GARDENS, FL 33410	
			T.Change
			Remove
			[I]Change
	+ <del></del>		ZAdd
			URemove
			T Change
-7314			ZAdd
			Remove
		· <del></del>	Change
			Add
			Remove

		-			
	<u> </u>				
			<del></del>		
					•
					-
					_
					-
fective date, if other than in effective date is listed, the date ofter. If the date inserted in this ecument's effective date on the	s block does not mee	et the applicable stati	filing or more than 90 da atory filing requiremen	(optional) ys after filing.) Pursuant to 605 its, this date will not be list	5,0207 ted as
record specifies a delayed effer is filed.	ctive date, but not an	effective time, at 17	2:01 a.m. on the earlie	r of: (b) The 90th day afte	er the
		2024			
09/16 		2024 www.0jill			

C Calall C