

L19000 248 348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2019 DEC 27 AM 10:13
CLERK OF COURT

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N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2019

KATHLEEN WODNICKI
CYSTERS INVESTMENT SECURITIES LLC
10577 OAK LEAF STREET
LARGO, FL 33774

SUBJECT: CYSTERS INVESTMENTS SECURITY LLC
Ref. Number: L19000248348

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE REMOVE BERNADETTE STICKNEY AS AN AMBR ON PAGE 2 OF 3, AS SHE WAS NEVER LISTED AS AN AUTHORIZED PERSON. SEE THE ATTACHED PRINTOUT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00024386

RECEIVED

2019 DEC 27 PM 12:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cysters Investments Security LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Wodnicki

Name of Person

Cysters Investment Securities LLC

Firm/Company

10577 Oak Leaf Street

Address

Largo FL 33774

City/State and Zip Code

Cystersinvestmentsecurities@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Wodnicki

727 455-0477
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

pd. ck #1001
copy of check is enclosed *

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

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

Cysters Investment Security 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 October 2, 2019 and assigned
Florida document number L19000248348.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cysters Investment Securities LLC

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)

10577 Oak Leaf Street

Largo, FL 33774

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10577 Oak Leaf Street

Largo, FL 33774

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2019 DEC 27 AM 10:13
SECRETARY OF STATE

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:

Kathleen Wodnicki

New Registered Office Address:

10577 Oak Leaf Street

Enter Florida street address

Largo

Florida 33774

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

12-27-19 December 27, 2019

Signature of a member or authorized representative of a member

Kathleen Wodnicki

Typed or printed name of signee