## 119000248348

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## **COVER LETTER**

Registration Section

TO:

Div	ision of Corporations					
a	CYSTERS INVESTM	MENT SECURITIES,	LLC			
SUBJECT:		Name of Limi	ted Liability Compar	ny	<del></del>	
The enclosed	Articles of Amendme	nt and fee(s) are subr	mitted for filing.			
Please return	all correspondence co	nceming this matter t	to the following:			
	KATI	ILEEN WODNICKI				
		11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of Perso	on		
	CYST	ERS INVESTMENT	SECURITIES, LI	.C		
			Firm/Compan	y		
	10577	OAK LEAF ST				
			Address			
	LARC	6O, FL 33774				
	CVSTI	ERSINVESTMENTS	City/State and Zip			
			o be used for future		tification)	
For further is	nformation concerning	this matter, please ca	ill:			
KATHLEE	N WODNICKI		727 at (	455-0477 _)		_
	Name of Person		Area Cod	e Daytii	ne Telephone Number	_
Enclosed is	check for the following	ag amount:				
<b>■</b> \$25.00 I		.00 Filing Fee & rtificate of Status	S55.00 Filing Certified Co (additional cop	ppy	☐ S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Re Di P.C	illing Address: gistration Section vision of Corporation D. Box 6327 Hahassee, FL 32314		Re Di Th 24	eet Address: egistration Servision of Conte Centre of 15 N. Monrollahassee, F	orporations Tallahassee oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L19000248348	were filed on OCTOBER 2, 2019	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
CYSTERS INVESTMENTS, LLC the new name must be distinguishable and contain the words "Limited Liabi		2020 < 133
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation
nter new principal offices address, if applicable:	10577 OAK LEAF ST	
Principal office address MUST BE A STREET ADDRESS)	LARGO, FL 33774	- ; · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	10577 OAK LEAF ST	9: <b>42</b>
Aailing address MAY BE A POST OFFICE BOX)	LARGO, FL 33774	
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:	Enter Florida street address	
	. Florida	9
	City:	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

CYSTERS INVESTMENT SECURITIES ALC

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
MGR	BERNADETTE STICKNEY	14140 82ND AVE. SEMINOLE, FL 33776	<b>∃</b> Add
			Remove
		<del></del>	□Change
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			2020 Remove
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