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	INC. 236 East 6th Avenue. Tallahassee. Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666					666	
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	XX	FILING	LLC	amend			
1.		18122 Gunn Hwy (CORPORATE NAME AND DOC	I, LLC				
2.		(CORPORATE NAME AND DOC	UMENT #)				
3.		(CORPORATE NAME AND DOC	UMENT #)				<u> </u>
4.		(CORPORATE NAME AND DOC	UMENT #)				
5.		CORPORATE NAME AND DOC	UMENT #)				
6.		(CORPORATE NAME AND DOC	UMENT #)				
	CIA] FRU	L CTIONS:					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18122 GUNN HWY, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on $\frac{10/16/2019}{2019}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :		
CYPRESS GULF HOLDINGS, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	200 Forest Lakes Blvd		
(Principal office address MUST BE A STREET ADDRESS) Oldsmar, FL 34677			
Enter new mailing address, if applicable:	200 Forest Lakes Blvd		
(Mailing address MAY BE A POST OFFICE BOX)	Oldsmar, FL 34677		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	address on our records, enter the name of the new registered		
	Enter Florida street address		
	, Florida		
	City Zip Code		

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

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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

Title	Name	Address	Type of Action
MGR	Brian E Langford	1715 W. Cleveland St.	🖸 Add
		Tampa, FL 33606	Remove
			□Change
MGR	James Glover	200 Forest Lakes Blvd	■ Add
		Oldsmar, FL 34677	
,			🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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,

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	January 25 2021	
	1 ~	
	Signature of a member or authorized representative of a member	
	Brian E. Langford	

Typed or printed name of signee

Filing Fee: \$25.00