

120000006289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

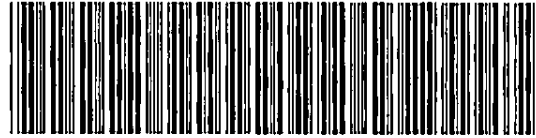
(Business Entity Name)

(Document Number)

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FILED
2021 OCT 13 AM 10:30
TALLAHASSEE, FL
REGISTRATION DIV.

D BRUCE
OCT 23 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CYPRESS DRY CLEANERS, 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:

Stany Polasek

Name of Person

CYPRESS DRY CLEANERS, LLC

Firm/Company

880 SUNFLOWER CIRCLE

Address

WESTON, FL 33327

City/State and Zip Code

info@remax-concierge.com

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

For further information concerning this matter, please call:

Minerva Strum

Name of Person

754

at ()

Area Code

366-3511

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)

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

FILED
2021 OCT 13 AM 10:31
FBI

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

CYPRESS DRY CLEANERS, 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 12/30/2019 and assigned
Florida document number L20000006289.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicholas M., Strum	880 SUNFLOWER CIR	<input type="checkbox"/> Add
		Weston, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	* Sunflower 2021, LLC	880 SUNFLOWER CIR	<input checked="" type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2021 OCT 13 AM
DECEMBER 13
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/13/2021 BY 60322
UCBA

2021 OCT 13 AM 10:31

Dated

10/08

2021

*

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00