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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: CYO	efin LLC		
,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	C	·	
	Hallin His	0/10/1	
	HOH! C TIO	Name of Person	
SUBJECT: Cycle F. Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Hall I Handley Name of Peylon  Firm/Company  City/State and Zip Code  Address  Para Address:  For further information concerning this matter, please call:  Hall I Handley  at 850, 819 - 4995  Area Code  Daytine Telephone Number  Enclosed is a check for the following amount:  (\$255.00 Filing Fee Secritificate of Status Certified Copy radditional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
		613 Cape	Cod Dr
	ı	Address	
	Pagama (	4, 51 3240	7
		City/State and Zip Code	<u> </u>
	bolle budle	enaugha Con	<u> </u>
		•	lication)
For further information c	oncerning this matter, please ca	all:	
Hallie Hos	A10.		995
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	_	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
<b>V</b> (	Certificate of Status	Certified Copy	Certificate of Status &
		fadditional copy is enclosed?	
			etion

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 OCT 19 PM 4: 46

(unetin LIC		SECRETARY OF STATE
( <u>Name of</u> the <u>Limited Liah</u> (A Flor	ility Company as it now appears on ida Limited Liability Company)	SECRETARY OF STATE our records, LLAHADEEE, FL
The Articles of Organization for this Limited Liability	Company were filed on 8	A 2020 and assigned
Florida document number <u>L200035609</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<del></del>
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·····
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s.	reet 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 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
<u>AP</u>	Hollie Hundley	613 Cape Cod Dr	□Add
		613 Cape Cod Dr Parama Cty F1 32407	i\(\int\)Remove
			□Change
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(If an e Note:	tive date, if other than the date of filing:
he reco	rd 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
Datec	Oct 16,2020.
	Signature of a member or authorized representative of a member
	( ) + /1 · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00