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21 JUL -6 PH 3: 10

## **COVER LETTER**

	egistration Sec ivision of Corp			
CID IECT	Cypress Ber			
20B1FC1	·;	Name of Limit	ed Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please retu	m all correspo	ndence concerning this matter t	o the following:	
		Carol A. Westfall		
			Name of Person	
		Waterford Companies		
			Firm/Company	<del></del>
		16630 N. Daie Mabry Hwy		
			Address	
		Tampa, FL 33618		
			City/State and Zip Code	
		cwestfall@waterfordconstru		
		E-mail address: (1	to be used for future annual report noti	ncation)
For further	r information o	oncerning this matter, please or	all:	
Carol A. V	Westfall		813 962-6544 at ( )	
	Name o	f Person		e Telephone Number
Enclosed i	is a check for t	he following amount:		
□ <b>\$</b> 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u> </u>	Mailing Addre	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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 AND CARDON OF

21 JUL -6 PH 3: 10

Cypress Bend, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(ATTOMAL DIMINIST DIMINIST COMPANY)
The Articles of Organization for this Limited Liability Company were filed on 5/11/21 and assigned Florida document number L21000218234
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:

AMBR = Authorized Member

21 JUL - 5 PH 3: 10

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JCNK Management LLC	i 6630 N. Dale Marbry Hwy., Tampa, FL 33618	≣Add
			□Remove
			□ Change
MGRM	Waterford Construction & Develop	16630 N. Dale Mabry Hwy., Tampa, FL 33618	□Add
			<b>≣</b> Remove
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E. Effective date, if other than the date of filing:  [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);  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.	D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  21 JUL -6 PH 3: 10
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June 28, 2021		
		une 28, 2021
Dated,,	Dated_	une 28, 2021
Charol C. T. Jacks II		Charol Co To Janka !!
Signature of a member or authorized representative of a member		Signature of a member(or authorized representative of a member
Carol A. Westfall  Typed or printed name of signee		

Filing Fee: \$25.00