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T. MATTHEWS

JUN - 8 2022

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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	Send Mar Name of Lim	118 + ing LL ited Liability Company	<u> </u>	
The enclosed Articles of An	nendment and fec(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Agron Ell Cypress Bend	iott		
	P. 12	Name of Person		
	CYPNESS DEAD	MONKPHING	LLC	
	2868 Sou	7h 095is	Prive	
	2868 Sou Boyfun Beel LLR 42011 @ E-mail address: (1)	Address Address	33426	
	118 47011 6	City/State and Zip Coc	le	
-	E-mail address: (to be used for future annu	al report notification)	
For further information cond				
Agron Ellio	erson	at (765)_	426-142	6
Name of Pe	rison	Area Code	Daytime reiepno	one Number
Enclosed is a check for the f	following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is o		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION-OF CORPORATIONS

			2	2 APR 22 AM 9: 47
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>し</u> て1000478	oility Company v 357	vere filed on 11/0	4/21	and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
The new name must be distinguishable and contain the wor				
Enter new principal offices address, if applicat	ole: 2868	Boyjon Be	<u> 005.5</u>	Drive
(Principal office address MUST BE A STREET	ADDRESS)	Boyton Be	46h FL	33426
Enter new mailing address, if applicable:		2868 Sout	h 0935	Drive 3426
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Boyton Becl	YFL 3	3426
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Agron	Chorles	Elliott	
New Registered Office Address:	2868 500	Ath Ousis Enter Florida:	Prive	
	Boyron	Beah	, Florida _	73426 Zip Code
		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.

Uw Ewiott

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Type of Action
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		12380 ISZNO STRECT N JUPITER FL 33478	_ CRemove
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MbR	Auron Elliott	2868 South Josis Orive	_ ⊠ ∧dd
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ective date, if other a effective date is listed. te: If the date inserte cument's effective date.	, the date must ed in this blo	be specific and ock does not t	d cannot be prior neet the applica	to date of filing or a	more than ng requi	(option 90 days after firements, this o	ling.) Pursuant to 605.0	0207 d as
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<u>.</u>		Signature of a	member or author	rized representativ	e of a me	ember		
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