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DocuSign Envelope ID: 59859C43-DDF7-4AE4-8465-D06249C1110A **COVER LETTER** TO: Registration Section **Division of Corporations** CYPRESS R.E. HOLDINGS LLC SUBJECT: 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: T. MATTHEW LADYMAN, ESQ. Name of Person NISHAD KHAN, P.L. Firm/Company 1303 N. ORANGE AVE. Address ORLANDO, FLORIDA 32804 City/State and Zip Code MATTHEW@NISHADKHANLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: T. MATTHEW LADYMAN Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fcc. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

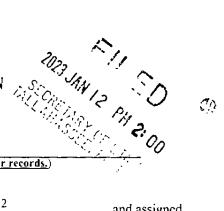
Mailing Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CYPRESS R.E. HOLDINGS 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 Compar	ny were filed on 05/05/2022	and assigned
Florida document number L22000213704		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	.LC" 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 agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Fladiess.	Enter Florida street ada	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

DocuSign Envelope ID: 59859C43-DDF7-4AE4-8465-D06249C1110A in amending Authorized rerson(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
MGR	HERSH ABICHANDANI	7276 INTERNATIONAL DRIVE	
		ORLANDO, FL 32819	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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ote: If the date inserted in this blo- cument's effective date on the De	ck does not meet the appli	cable statutory filing requirements, this date will not be listed
	p=1o 5. Etale 5.100012	•
ecord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
is filed.		•
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		Sunday Single Porized representative of a member

Filing Fee: \$25.00