

L2200049323

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240002211343ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EQUIPTRADE AMERICA INC
Account Number : I20230000068
Phone : (954)625-5117
Fax Number : (954)368-2360

•Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.***

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CYS INVESTMENTS GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2-Aug-2024 17:33 To: +18506176383

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7/8/2024 3:05:14 PM PAGE 1/001 Fax Server



July 8, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CYS INVESTMENTS GROUP LLC
8025 NW 104 AVENUE
33
DORAL, FL 33178

SUBJECT: CYS INVESTMENTS GROUP LLC
REF: L22000493823

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give the complete florida street address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000221134
Letter Number: 824A00014693

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYS INVESTMENTS GROUP 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:

ROSALBA CARRASQUEL

Name of Person

HC FINANCIAL SERVICES, INC

Firm/Company

4700 N HIATUS ROAD SUITE 155

Address

SUNRISE, FLORIDA, 33351

City/State and Zip Code

hcfinancialservicesfl@gmail.com

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

For further information concerning this matter, please call:

ROSALBA CARRASQUEL

954

954-6255177

Name of Person

at ()

Area Code

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYS INVESTMENTS GROUP 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 11/18/2022 and assigned Florida document number L22000493823.

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)

4207 Vineyard Circle, Weston, FL, 33332

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4207 Vineyard Circle, Weston, FL, 33332

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:

HC FINANCIAL SERVICES, INC

New Registered Office Address:

4700 N HIAUTUS ROAD SUITE 155

Enter Florida street address

SUNRISE

City

Florida

33351

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

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STATE OF FLORIDA

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>
MGR	IVAN HUERTA	2350 SW 27th Avenue Apt 1007 , Miami FL,33145	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANCHEZ, GABRIELA A	4207 Vineyard Circle , Weston , FL ,33332	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CID, MARCO A, SR	4207 Vineyard Circle , Weston , FL ,33332	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DE LARRAECHEA , JULIO	1603 Newport, Weston, Fl 33332	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ ,CRISTIAN	726 Aster Way , Weston, Fl. 33327	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be "as soon as possible.")

(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)(b) Note: If the date inserted in this block does not meet the applicable statute, the filing is void.

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.

Dated 26-06 2024

Signature of a member or authorized representative of a member

Marcos Cid

Typed or printed name of signee