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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	CAPTESS Name of Limi	Shiplap Holdings ted Linbility Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		Name of Person	
		Pe Medilaw fir	γ
		Firm/Company	
	49	29 Sw 74th CI	
	<u>lui</u>	ami FL 33150	<u> </u>
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notific	ation)
For further information cor	ncerning this matter, please ca	II:	
liax	Adams	at (305) 444 - Area Code Daytime	3484
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sc		Street Address: Registration Sect	ion

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

Cypress	Shiplap	Holdings LLC	2073 Hay -4 PM 12: 12
(Name of the Limit	ed Liability Comp (A Florida Limited	Holding 1.4C sany as it now appears on our records.) Liability Company)	TARY OF STATE
The Articles of Organization for this Limited L	iability Compan		and assigned
Florida document number	6013.		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
			la
		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>	<u>Address</u>	Type of Action
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