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## **COVER LETTER**

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration So Division of Cor			•	
	pital Partners, LLC	_	•	•
SUBJECT:	prair i armers, 1313C	,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Edward Shmookler			
		Name of Person		
	Cypress Capital Partners, I	LLC		
		Firm/Company		
	4704 W Clear Ave.			
		Address		
	Tampa, FL 33629			
		City/State and Zip Code		
	shmookles@gmail.com			2023 SEC
	E-mail address: (	to be used for future annual report notifica	tion)	73 SE
For further information of	concerning this matter, please c	all:	77 - 27	, i -0 ,_
Edward Shmookler		617 852-7917	<u> </u>	
Name o	of Person	at () Area Code Daytime T	elephone Number	IL PM 2: 40
Enclosed is a check for t	he following amount:		,	H 0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified Co	of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on	

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

Cypress Capital Partners, LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on     May 9th 2023				
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 I	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	<u> </u>			
		医多子 严		
		1889 1989 1989 1989		
Enter new mailing address, if applicable:		TO NOTE OF		
(Mailing address MAY BE A POST OFFICE BOX)		1.2E 1.0		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid	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>	Address	Type of Action
MGR	EDYA LLC	4704 W Clear Ave., Tampa, FL 33629	
			<b>=</b> Add
			□Remove
			□Change
MGR	Oakmark, LLC	96 Huron Ave., Tampa, FL 33606	<b>=</b> Add
			□Remove
			□Change
MGR	Insieme Capital LLC	8121 Elbow Ln N St. Petersburg, FL 33710	_
			Remove
MGR	324, LLC	3607 W Royal Palm Cir., Tampa, FL 33629	Change
			□ Remove
			□Change
MGR	Edward S Shmookler	4704 W Clear Ave., Tampa, FL 33629	□Add
			<b>=</b> Remove
			□Change
MGR	Isaac Gal	96 Huron Ave., Tampa, FL 33606	□Add
			□ Chance

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record specifies is filed.	a delayed effecti	ive date, but i	not an effect	ive time, a	t 12:01 a.m	. on the ear	lier of: (b)	) The 90	Oth day	after the
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