

L23000339347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

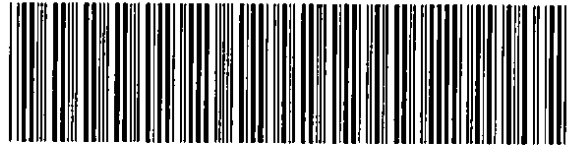
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000413410410

08/18/23--01001--013 \*\*25.00

2023

AUG 18 2:12

ALLIANCE, FLORIDA

2023 AUG 18 AM 10:32

RECEIVED

S. ROBERTS

AUG 21 2023

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 8/18

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**LLC AMEND**

**1. CYP INVESTING LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

---

---

---

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CYP INVESTING 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:

HUGO CABRERA ORTIZ  
Name of Person

CYP INVESTING LLC  
Firm Company

1542 JOSEPER AVE NW  
Address

PALM BAY FL 32907  
City, State and Zip Code

hugocyp@yahoo.com  
E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO CABRERA ORTIZ at 956 286 6790  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CYP INVESTING 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 07/18/23 and assigned  
Florida document number 223000339347

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

HUGO CEBERA ORTIZ

New Registered Office Address:

Enter Florida street address

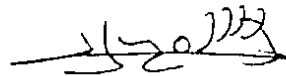
Florida

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 Changing Registered Agent, Signature of New Registered Agent

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          | HUGO LOBREGO ORTIZ | 1542 Jasper Ave NW | <input checked="" type="checkbox"/> Add |
|              |                    | Palm Bay FL 32907  | <input type="checkbox"/> Remove         |
|              |                    |                    | <input type="checkbox"/> Change         |
|              |                    |                    | <input type="checkbox"/> Add            |
|              |                    |                    | <input type="checkbox"/> Remove         |
|              |                    |                    | <input type="checkbox"/> Change         |
|              |                    |                    | <input type="checkbox"/> Add            |
|              |                    |                    | <input type="checkbox"/> Remove         |
|              |                    |                    | <input type="checkbox"/> Change         |
|              |                    |                    | <input type="checkbox"/> Add            |
|              |                    |                    | <input type="checkbox"/> Remove         |
|              |                    |                    | <input type="checkbox"/> Change         |
|              |                    |                    | <input 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.)

E. Effective date, if other than the date of filing: 07/15/23 (optional)

(If an effective date exists, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (b)(1)

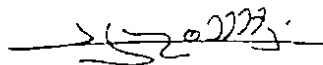
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 17<sup>th</sup>

2023



Signature of a member or authorized representative of a member

HUGO CABRERA ORTIZ

Typed or printed name of signer