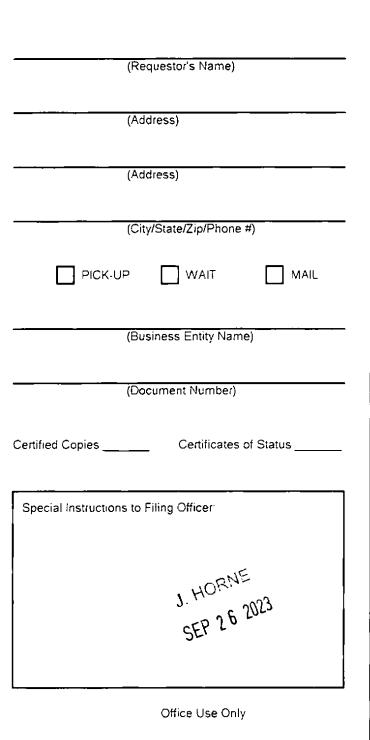
## L23000406828





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09/11/23--01008--016 \*\*60.00



## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Limited Liability Company					
.101131XC1,						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retun	all correspo	indence concerning this matter	to the following:			
		William Mandt				
			Name of Person			
		Cypress Key Holdings LLC				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		4576 Clubhouse Blvd.				
			Address			
		Davenport, FL 33837				
			City/State and Zip Code	······································		
		cypresskeyholdings@gmail				
			to be used for future annual report no	tification)		
For further i	nformation c	oncerning this matter, please of	alf:			
William Ma	indt		608 792-9161			
1	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	S30.00 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		Street Address: Registration So Division of Co				
	D. Box 632		The Centre of	Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CYPRESS KEY 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 Con Florida document number L23000406828	mpany were filed o	n <u>08/30/2023</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed:liability compa	ny here:	
The new name must be distinguishable and contain the words "Limite	ed Liability 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 ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		our records, <u>ent</u> er Florida street ada	
	Eme		
	Сиу	·	Florida
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and conscept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	<mark>mplete performan</mark> e ent as provided foi	ce of <mark>my duties</mark> , in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Register	ed Agent, Signatur	re 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>	Address	Type of Action
AMBR	William J. Mandt	1576 Clubhouse Blvd.	
		Davenport, FL 33837	<u>□</u> Renκove
			Change
		<del></del>	🖂 Add
			□Remove
			□Change
<del></del>			□Add
			Remove
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			[]Add
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			☐ Change
<del> </del>			□ Add
			□ Remove

<u> </u>	
	<del></del>
<del></del>	
Note: If the date inserted i	han the date of filing:
f the record specifies a delayed ecord is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 5	2023
	Signature of a member or authorised representative of a member
	Signature of a member or authorized representative of a member
Kaylee N Mand	
	Typed or printed name of signee

Filing Fee: \$25.00