

L24 0000 64676

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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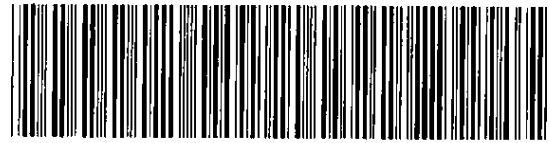
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCC 208 AVE A, 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:

Jeffery Donalson

Name of Person

Cypress Capital Club, LLC

Firm/Company

PO Box 1282

Address

Winter Haven, FL 33882-1282

City/State and Zip Code

jeff@thomas-invest.com

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

For further information concerning this matter, please call:

Jeffery Donalson

863 287-6873
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

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

CCC 208 AVE A, 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 02/05/2024 and assigned
Florida document number L24000064676.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CCC 117 E LAKE AVE, LLC

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)

290 CYPRESS GARDENS BOULEVARD,

STE 13

WINTER HAVEN, FL 33880

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:

CYPRESS CAPITAL CLUB, LLC

New Registered Office Address:

290 CYPRESS GARDENS BOULEVARD, STE 13,

Enter Florida street address

WINTER HAVEN

Florida 33880

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>
AMBR	THOMAS CAPITAL II, LLC	133 WYNDHAM DRIVE	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CYPRESS CAPITAL CLUB, LLC	290 CYPRESS GARDENS BOULEVARD, STE 13,	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated AUGUST 13 2024

JEFFERY DONALSON

Filing Fee: \$25.00