# L24000171069

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# **COVER LETTER**

TO: Registration Se Division of Cor			*
suвјест: <u>Сур</u>	ress Capita Nalne of Limi	COllective ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Neil	Name of Person	
	Cypress	Capital Colle	ctive LLC
	340 9	$\frac{\text{tn St N} + 2}{\text{Address}}$	<u>89</u>
		City/State and Zip Code  City/State and Zip Code  Neiles  Voc used for future annual report notif	
For further information c	oncerning this matter, please ca	dl:	
Neil Huck Name o	f Person	at (200) 883 Area Code Daytim	- 5212 e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	<b> ■ \$30.00</b> 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 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

Cypress Capital Collective LLC

(Name of the Limited Dability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number <u>L 240001710</u>	y Company were filed on April 10, 2024 and assigned
This amendment is submitted to amend the following:	;
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	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 ADd	DRESS)
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registere</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida

## 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	Joseph Posca	340 9th St N # 289	🗹 🗹 Add
		Naples, FL 3410Z	□Remove
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n effec ote:     l	e date, if other than the date of filing:
ecord is file	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 d.
ited _	June 5th . 2024.
	June 5th 2024.  Neil Huck  Signature of a member or authorized representative of a member
	Neil Huck

Dill... D. . 605.00