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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations				
CUDITOT.	THE CYPRESS GROUP, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Anicles of	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		MATTHEW F TILL				
		Name of Person				
	Firm/Company					
	6410 NW 34TH AVE					
	Address					
FORT LAUDERDALE, FL 33309						
		MAIT@THECYPRESSGI	City/State and Zip Code ROUPLLC			
		E-mail address: (to be used for future annual report not	ification)		
For further in	nformation c	oncerning this matter, please c	all;			
MATTHEW	THILL					
	Name o	f Person	at ()Area Code Daytin	ne Telephone Number		
Enclosed is a	i check for th	he following amount:				
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional gopy is englished)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg	iling Addres	Section	Street Address: Registration Se			
	ision of C Box 632	Corporations 27	Division of Cor The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CYPRESS GROUP, LLC		
(<u>Name of the Limited Linbility Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1,24000519176	my were filed on DECEMBER 16, 202-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
THE CYPRESS GROUP CONSULTING, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 25
Principal office address MUST BE A STREET ADDRESS)		Lu
		2 =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, u
•		y •
3. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the	name of the new regis
New Registered Office Address:	Enter Florida street address	
	f21 1	_
	, Florid	a 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>	Address	Type of Action
AMBR	MARY A TILL	6410 NW 34TH AVE	□Add
		FORT LAUDERDALE, FL 33309	■Remove
			☐ Change
			□Remove
			□Add
			□Remove
			□Change
			□Add
			©Remove
			©Change
			
			□Remove
			□Change
			Петюче
			Change

"THE CYPRESS GROUP CON	SULTING, LLC" OFFERS STRATEGIC GUIDANCE AND
SOLUTIONS TO ENHANCE T	THE SOCIAL IMPACT OF MISSION-DRIVEN ORGANIZATIONS,
COMPANIES, AND NONPROL	HTIS.
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	especific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,0207 todoes not meet the applicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective da is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	2025
11	enature of a member or authorized representative of a member

Filing Fee: \$25.00