

m20000001681

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE,P.L.
Account Number : 120020000137
Phone : (904)301-1269
Fax Number : (904)301-1279

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 AUG 16 PM 4:21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 16 AM 11:04

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
I-4 SAND COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: I-4 Sand Company LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M20000001681

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/11/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Cypress Sand Company LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

J. Phillip Gibbs, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "I-4 SAND COMPANY LLC", CHANGING ITS NAME FROM "I-4 SAND COMPANY LLC" TO "CYPRESS SAND COMPANY LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF JUNE, A.D. 2021, AT 2:36 O'CLOCK P.M.

2021 AUG 16 AM 11:04
 DEPARTMENT OF STATE
 HALL ANNAPOLIS, FLORIDA

FILED



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

7846135 8100
 SR# 20212440007

Authentication: 203445059
 Date: 06-15-21

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**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: I-4 Sand Company LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Cypress Sand Company LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 14th day of June, A.D. 2021.

By: 
Authorized Person(s)

Name: J. Phillip Gibbs
Print or Type