9800074229

| (Re | questor's Name) | | | |
|-------------------------|-------------------|--------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

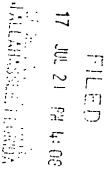


500301494345

07/21/17--01001--005 **35.00

JUL 24 2017

S. YOUNG



| Division of Corpor | | | |
|---------------------------|---|---|--|
| NAME OF CORPORA | ATION: Cypress Recovery | Corp. | |
| DOCUMENT NUMBI | ER: P98000074229 | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | , |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| <u> </u> | Robert D. Friedman, Register | | |
| | | Name of Contact Pe | rson |
| - | | Firm/ Company | |
| 9 | 0675 West Broward Bouleva | . 1 | |
| | | Address | |
| - | Plantation, Florida 33324 | | |
| | | City/ State and Zip 6 | Code |
| rfriedn | nan@friedmangreenberg.con | n | |
| <u></u> | E-mail address: (to be us | sed for future annual rep | ort notification) |
| | | | |
| For further information | concerning this matter, pleas | se call: | |
| Robert D. Friedman | | at (<u>954</u> | 370-4774 |
| Name of | Contact Person | Area | Code & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | payable to the Florida D | Pepartment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certificate of Status |
| Amen Divisi P.O. I | ng Address dment Section on of Corporations Box 6327 hassee, FL 32314 | Am Div Clit 266 | eet Address endment Section ision of Corporations fron Building Executive Center Circle lahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

Cypress Recovery Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P98000074229 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the ÷. new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

| address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted | and/or Diffects if necession title President, = Chief Fr, Directo in the follows the co | irector be ary) e by the fi : T= Trea inancial ir would be lowing m prporation | eing added: Test letter of the office title: Insurer; S= Secretary; D= Director Officer. If an officer/director be PTD. anner. Currently John Doe is n, Sally Smith is named the V of | ector; TR= Tri holds more th listed as the P | irector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change, |
|---|---|---|---|--|--|
| X.Change | <u>PT</u> | John Do | <u>e</u> | | |
| X Remove | <u>V</u> | Mike Jones | | | |
| X Add | <u>\$V</u> | Sally \$n | nith | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s |
| 1) Change | V | _ | Debra L. Greenberg | <u> </u> | 9675 West Broward Boulevard |
| XAdd | | | | | Plantation, Florida 33324 |
| Remove | | | | | |
| 2) Change | | _ | | <u> </u> | . |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | - | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | <u> </u> | |
| A.dd | | | | | |
| Remove | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | - | | <u> </u> | |
| Add | | | | | |

Remove

| f amending or adding additional Articles, enter change(s) her | <u>re</u> : |
|--|----------------------------------|
| Attach additional sheets, if necessary). (Be specific) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| f an amendment provides for an exchange, reclassification, o provisions for implementing the amendment if not contained | r cancellation of issued shares, |
| (if not applicable, indicate N/A) | in the amendment user. |
| | |
| | |
| | |
| ······································ | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|---|--|
| | |
| Effective date if applicable: (no more than 90) | days after amendment file date) |
| (no more man 20 | |
| Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records. | ble statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval. | number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to voting group entitled g | |
| "The number of votes cast for the amendment(s) was/were | sufficient for approval |
| by | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors was not required. | ithout shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators withou action was not required. | ut shareholder action and shareholder |
| Dated 7/17 | |
| Signature | |
| (By a director, president or other officer | |
| selected, by an incorporator – if in the rappointed fiduciary by that fiduciary) | nands of a receiver, trustee, or other court |
| -FF | |
| Robert D. Friedr | nan |
| (Typed or printed na | me of person signing) |
| President | |
| (Title of | person signing) |