

L16000033425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

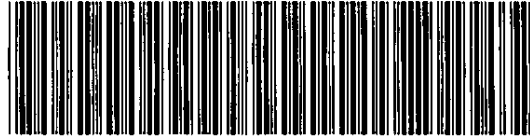
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HALL OF JUDGES, FLORIDA

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S Warren

AUG 16 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steel Bridge Partners 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:

Brandon Bal

Name of Person

Steel Bridge Partners LLC

Firm/Company

330 N. Andrews Ave., Suite #300

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

bbal@talynt.co

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

For further information concerning this matter, please call:

Brandon Bal

954 556-0608
at ()
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Steel Bridge Partners 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 2/17/16 and assigned
Florida document number L16000033425.

This amendment is submitted to amend the following:

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

Talynt 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)

330 N. Andrews Ave.

Suite #300

Ft. Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

330 N. Andrews Ave.

Suite #300

Ft. Lauderdale, FL 33301

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:

New Registered Office Address:

330 N. Andrews Ave., Suite #300

Enter Florida street address

Ft. Lauderdale

Florida 33301

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>
MGRM	Greg Brauser	330 N. Andrews Ave.	<input type="checkbox"/> Add
		Suite #300	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
MGRM	Brandon Bal	330 N. Andrews Ave.	<input type="checkbox"/> Add
		Suite #300	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
MGRM	Daniel Mozlin	330 N. Andrews Ave.	<input type="checkbox"/> Add
		Suite #300	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TREASURY, FLORIDA

[illegible]

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 4, 2016

Signature of a

Brandon Bal

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA