## LZC 0000036205

(Requestor's Name)	
(Address)	
(Address)	—
(Ĉity/State/Zip/Phone #)	<u>-</u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHRIE	SYNC21 L			
ZORTE	CT:	Name of Limit	led Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filling.	
		ndence concerning this matter f	•	
		Gissella Irazabal		
			Name of Person	
		SYNC21 LLC		
			Eirm/Company	
		8038 SW 18th Court		
		<del></del>	Address	
		Davie, FL 33324		
			City/State and Zip Code	
		gissellairazabal@hotmail.co	m ) be used for future annual	(apost notification)
For furth	her information c	oncerning this matter, please ca		, spirit in the spirit in thes
Gissella	ı Irazabal		305 54	2 7191
	Name o	t Person	305 54 Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &
	Mailing Addres Registration S			ation Section
	Division of C	orporations		n of Corporations otre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNC21 LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Tability Company)		
he Articles of Organization for this Limited Liability Company	were filed on Florida	and assigned	
lo: ida document number: L20000035205			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
tic new name must be distinguishable and contain the words *Limited Liabil	ifly Company 1 the designation "LLC" or the ab	breviation (L.L.C."	
inter new principal offices address, if applicable:	8038 SW 18th Court	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)	Davie, Fl. 33324		
inter new mailing address, if applicable:	8038 SW 18th Court		
Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33324		
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the nam</u>	e of the new regist	
Name of New Registered Agent			
New Registered Office Address.	Enter Florida street adaress	, , , , , , , , , , , , , , , , , , , ,	
	, Florida	်း	
<del></del>	City	Zip Coue	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Nathalia Santos Amaral	5652 NW 106th AVE.	<b>≣</b> Add
		Coral Springs, FL 33076	= Remove
			☐Change
			= Remove
			□Change
			bbA⊡
			TRemove
····	***************************************		
			□Change
			DAdd
			□Change
<del></del>			LAdd
			□Change

, <u>.</u> ,	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
<del> </del>		
Note: If the date inserted in	an the date of filing:	0207 (3 d as th
he record specifies a delayed elord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
Dated February 09	2021 11/1+ 11/1+ 11/1+	
	Signifiurs of a member authorized representative of a member	
	Gissella Irazabal Typed or printed name of signed	

Filing Fee: \$25.00