

L16000224945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

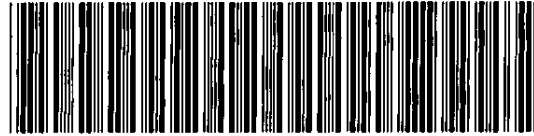
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

12/28/16--01012--005 **25.00

RECEIVED
DEPARTMENT OF
16 DEC 28 AM 11:00

K. SALY
DEC 29 2016

LAW OFFICES
MICHAEL ORTIZ, P.A.

1430 SOUTH DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270
FACSIMILE (305) 665-1112
E-MAIL: lawortiz@aol.com

December 27, 2016

By: Federal Express

Attn: Tommy
Packmail
3539 Apalachee Parkway
Tallahassee, FL 32311

PAKMAIL #450
3539-C Apalachee Parkway ®
Tallahassee, FL 32311
(850) 309-7225

To Whom It May Concern:

I am enclosing the following documents:

1. Articles of Amendment for SIKAL LLC, to be file the Division of Corporations. with the respective check for the amount of \$25.00.
2. Your payment, a check in the amount of \$50.00.

Please return the confirmation of the Amendment in the Fedex envelope attached. If you have any further instruction of questions please do not hesitate in contact us. Thank you.

Very truly yours,

Ambar Ramirez
Assistant of
MICHAEL ORTIZ, ESQ
MICHAEL ORTIZ, P.A.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIKAL 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:

Michael Ortiz

Name of Person

Michael Ortiz, P.A.

Firm/Company

1430 South Dixie Highway, Suite 321

Address

Coral Gables, Florida 33146

City/State and Zip Code

lawortiz@aol.com

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

For further information concerning this matter, please call:

Michael Ortiz

305

665-5270

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

SIKAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/13/2016 and assigned
Florida document number L16000224945.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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>
MGR	Synergy Design & Marketing	407 Lincoln Rd, Suite 12L	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pantelakis Charalambous	c/o 1430 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 321	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input type="checkbox"/> Change
AR	Michael Ortiz	1430 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 321	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 12/28/2016 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 27, 2016


Signature of a member or authorized representative of a member

Michael Ortiz

Typed or printed name of signee