

W04 000052695

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SDYMA LLC.

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EXAMINER

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W04-52695

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SDYMA LLC.

(Name of the Limited Liability Company as it appears in its records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/15/04 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"LLC."

Enter any principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter any mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address as our records show, 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:

Gabriela Moreno

10948 NW 26 St

(Enter Florida street address)

Sunrise

Florida

3332
(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 relating 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 609, F.S. Or, if this document is
being filed to amend, 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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If amending the No. counts or Membership Members on our records, enter the title, name and address of each Member or Membership Agent as being added or removed from our records:

MOR - Member
MCM - Membership Member

Title	Name	Address	Action
NSA	Gabriela Moreno	10418 NW 26 ST SURFIDE FL 33522	☒ Add ☐ Remove
NSA	Sara Delacruz	10531 Sunset Strip FL 33522	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Date: June 2, 2008

Signature of Member or authorized representative of a member: *Gabriela Moreno*
Typed or printed name of member: Gabriela Moreno
Signature of Member or authorized representative of a member: *Sara Delacruz*
Typed or printed name of member: Sara Delacruz

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