L04000085085

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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PILED

2015 OCT -5 PM 3: 29

SECRETARY OF STATE

K. SALYER EXAMPLER OCT - 6 2015

COVER LETTER

TO: Registration Se Division of Cor	ection Porations		
Sydney's P.	lace LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Randi Schwartz		
		Name of Person	
	Sydney's Place LLC		
		Firm/Company	
	11257 Water Oak Place		
		Address	
	Davie Fla 33330		
		City/State and Zip Code	
	wishlistdavie@gmail.com	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	•	Call
Gary Marks		954 524-1571 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

FILED
2015 OCT -5 PM 3: 29
TALLAHASSFE, FLORIDA

Sydney's Place LLC

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

	were filed on 11/23/2004	and assigned
Florida document number L040000085085		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	r 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 of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		idaZip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:		i da

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cindy Marks	2821 Fairway Drive Hollywood, Fl	= Add
			Remove
			☐ Change
	-		Add 🗀
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ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depa	does not meet the app	tor to date of filing of the licable statutory fili	(option or than 90 days after ng requirements, this	filing.) Pursuant to 605.0207 (
record specifies a delayed e he 90th day after the record		not an effective	time, at 12:01 a	.m. on the earlier of:
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312	mater of at	anomeo representant	w or a suppositive	

Page 3 of 3

Filing Fee: \$25.00