## (07000)26300

(Re	equestor's Name)			
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

D. BRUCE

JAN 21 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Syd and Oosh UC (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:
Sheridan Scruggs  Syd and Josh  (Firm/Company)  1435 N Hishway 393  (Address)  Santa Rosa Blady Ft 3245  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Shiridan Scruggs at (850 368 - 2056) (Name of Person) at (850 368 - 2056)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 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



January 13, 2009

SHERIDAN SCRUGGS 1435 HIGHWAY 393 N SANTA ROSA, FL 32459

SUBJECT: SYD AND JOSH, L.L.C.

Ref. Number: L07000026300

We have received your document for SYD AND JOSH, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00001241

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Syd and	d Josh			
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here	<b>:</b>		
Sweet Bay/Priv	145, L.L.	3.		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compan	y," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	anuvaria	NAME Only		
(Principal office address MUST BE A STREET ADDRI	ESS) OLDOVY	ess stays the		
		SAME		
Enter new mailing address, if applicable:		TAF		
(Mailing address MAY BE A POST OFFICE BOX)		Y C		
B. If amending the registered agent and/or registe		ORITE WAR STATE OF the new		
registered agent and/or the new registered office addr	ess nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
***************************************	<del>va. 1 </del>	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	FIL 9 JAN 20 ECRETAR LLAHASS
			AM 9: 3
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Dated	<u>-</u>	Turd ou h & D	<del></del>
	Sh	er or authorized representative of a member  evidence L. Scvuggg d or printed name of signee	**

Page 2 of 2

Filing Fee: \$25.00