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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | • | |
|--|--|---|--|
| • | HE SINORY GRE Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | mitted for filing. | |
| Please return all correspondence | ndence concerning this matter t | to the following: | |
| | JAMI | E Aoams Name of Person | · · · · · · · · · · · · · · · · · · · |
| | THE SIVON | Y GAONE, LLC Firm/Company | |
| | 3001 500 24 | THAVE # 208 Address | |
| | CCALA, FL | 34471 City/State and Zip Code | |
| | THESINONY E-mail address: (t | 6100P & VAHOO. CO | cation) |
| For further information c | oncerning this matter, please ca | ıll: | |
| JAMIE Name o | Acams f Person | at (<u>813</u>) <u>340-</u> Area Code Daytime | 5998 Telephone Number |
| Enclosed is a check for the | ne 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

TO ARTIČLES OF ORGANIZATION OF

| THE SIDONY GI | ROUP LIC |
|---|---|
| (Name of the Limited Liability Com (A Florida Limite | ROW (LC appany as if now appears on our records.) and Liability Company) |
| The Articles of Organization for this Limited Liability Compa | npany as if now appears on our records.) ed Liability Company) ny were filed on 10-25-0 and assigned |
| Florida document number <u>L 07 000 10837</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3001 SW ZYTHAUE, # 208 |
| (Principal office address MUST BE A STREET ADDRESS) | DCALA, FC 34471 |
| | |
| Enter new mailing address, if applicable: | 30015W ZUTHAVE #208 |
| (Mailing address MAY BE A POST OFFICE BOX) | 30015W ZUTHAVE, #208 DUALA, FL 34471 |
| | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | MIE ADAMS |
| New Registered Office Address: 3001 | SW Z 4TH AVE #Z08 Enter Florida street address |
| 0 | City, Florida 3447) Zip Code |
| | 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

OF LEMOYER FLORE OUR LECOLUS. MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _D Add _□ Remove

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| ffect | tive date, if other than the date of filing: (optional) |
| an et ote: | fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocun | nent's effective date on the Department of State's records. |
| | |
| ro | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| The | e 90th day after the record is filed. |
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| ated | <u>1,20</u> , <u>2017</u> . |
| | |
| | |
| | Signature of a member or authbrized representative of a member |
| | |
| | JAMIE ADAMS |

Page 3 of 3

Filing Fee: \$25.00