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COVER LETTER

TO:		gistration Se ision of Cor			· •
CI (D I	UCT.	Syragon LI	.C		
SUBJ	IECT:		Name of Lim	ined Liability Company	
The ea	nciosea	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			Gideon Kimbrell		
				Name of Person	
				Firm/Company	
			401 E Las Olas Blvd, Ste	30417	
				Address	
			Fort Lauderdale, FL 33301		
			legal@syragon.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report notif	ication)
For fu	ırther ir	nformation co	oncerning this matter, please ca	all:	
Gideo	on Kim	brell		561 3863720	
		Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a	check for th	e following amount:		
≘ si	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (minimum copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Capy (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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Syragon LLC			
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
1.0800001.1005	iability Company were filed on Feb	7. 2008 and a	issigned
his amendment is submitted to amend the fol	lowing.		
The Articles of Organization for this Limited Liability Company were filed on L08000014005 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 "LLC." 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 mane of the nergistered agent and/or the new registered office address here: Name of New Registered Agent: William R Black, Esq.			
he new name must be distinguishable and contain the	words "Limited Liability Company." the de	signation "L1.C" or the abbreviation	"L.L.C."
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREA	ET ADDRESS)		
••			
Mailing address MAY BE A POST OFFICE.	<u>BOA)</u>		
2. If amonding the partitional agent and	Var purietoral affin address an	any rounds out on the ortin	o of the
		OCT PARTY	e or the
Name of New Registered Agent:	William R Black, Esq.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
New Registered Office Address:	4250 NE 16th Ave		
	Enter Flori Oakland Park	da street addrees	
	City	Zip Coo	le

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.

H Chapting 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>	Type of Action
MGRM	Gideon Kimbrell	401 F. Las Olas Blvd, Ste 130417.	
		Fort Lauderdale, FL, 33301	■ Remove
MGRM	Syragon LP	9309 Glacier Highway, Ste A-201	Change
		Juneau, Alaska, 99801	= Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
		 	Remove
			DC Thange
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if nec		
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			•
		·	•
(If an el Note:	(option of the date of filing:	r filing.) Pursuant to 605	
	cord specifies a delayed effective date, but not an effective time, at 12:01 as 90th day after the record is filed.	a.m. on the earli	er of:
Dated	10/13/17		
		17 0	
	Signature of a member or authorized representative of a member	- 	}
	Typed of printed name of signee	23 A. 23 A. 23 A. 23 A. 23 A. 24 A. 25 S.E.]]
	Typed of printed name of signee	LOSE S 17.1 S 17.1	
	No 1 of 2	> -	

Page 3 of 3

Filing Fee: \$25.00