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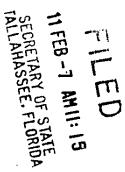
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J. BRYAN

FEB - 8 2011

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Sy	anna LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		智言工
		Steve Polisar		FEB-7 MIII-18
		Name of Person		
	Law	Offices of Steve Polis	sar	Corner H
		Firm/Company		黑云
	407	Lincoln Road, Suite 2	2A	400
		Address	.	
	Mia	mi Beach, Florida 331	39	
		City/State and Zip Code		
	ste	vepolisar@gmail.com	1	
	E-mail address: (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please of	all:		
	Steve Polisar	at (305)	788-7179	
Name	of Person	Area Code &	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	e of Status &

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 Syanna LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/13/2010

The Articles of Organization for this Limited Liability Company were filed on L10000022812 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 816 Commerce Street Miami Beach, Florida 33139 (Principal office address MUST BE A STREET ADDRESS) 816 Commerce Street #22 Enter new mailing address, if applicable: Miami Beach, Florida 33139 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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: Enter Florida street address City

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ Damassa
			Remove
		· · · · · · · · · · · · · · · · · · ·	DD amenus
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if nec	ressary.)
			SECH FALLIA
			FILE HASSEE, FI
Dated	February 3	-, <u>2011</u>	AM II: IO
	Signature	of a thember of authorized pepresentative of a member	
	-	Symcha Zylberman	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00