

L11000009569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

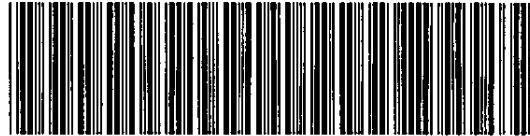
(Business Entity Name)

(Document Number)

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TALAMASSEE, FLORIDA

2015 DEC 10 AM 10:53

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N. Gulligan DEC 11 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYC Services LLC  
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:

Scott Chodak  
Name of Person

SYC Services LLC  
Firm/Company

331 SE 5TH AVE  
Address

Pompano Beach FL 33060  
City/State and Zip Code

~~SCC~~ Fishboxplumbing@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Chodak at (561) 324-2887  
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 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**

Syc Services LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/24/2011 and assigned  
Florida document number C11000009569.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Fishbox Plumbing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

331 SE 5th AVE

Pompano Beach FL 33060

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

331 SE 5th AVE

Pompano Beach FL 33060

**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:

~~Robert~~ ~~Alvin~~ ~~NA~~ Scott Chodak

New Registered Office Address:

331 SE 5th Ave 331 SE 5th Ave

Enter Florida street address

Pompano Beach, Florida 33060

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.

[Signature]  
If Changing 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>	<u>Type of Action</u>
<u>RA</u>	<u>Norka Rodriguez</u>	<u>2705 Burris Rd.</u>	<input type="checkbox"/> Add
		<u>Davie Fl 33314</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Laurie Seltzer</u>	<u>331 SE 5<sup>th</sup> AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Pompano Beach Fl 33060</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>John Abram</u>	<u>331 SE 5<sup>th</sup> AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Pompano Beach Fl 33060</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Seeranth Narain</u>	<u>7444 SW 128<sup>th</sup> CT</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, Fl 33183</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRET

E. Effective date, if other than the date of filing: 12/3/2015 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

12/3/2015

Signature of a member or authorized representative of a member

Scott Chodak

Typed or printed name of signee