L11000013557

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boothers Homber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

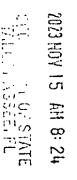


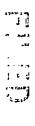


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11/15/23--01016--009 **25.00







COVER LETTER

'egistration Section Division of Corporations 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: Russell E Bishop Sycamore Services 180 Brandi Blvd. Quincy, 71 32351 Sycamore hill billy @ yahoo. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RUSSEIL E. BIShop at (850) 556-7373

Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sycamore Serl	Omnany as it now appears on our	records.)	
(A Florida Li	Company as it now appears on our mited Liability Company)	12000000	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1100001355</u> .	npany were filed on 2	-01-2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE:	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		- 0	į į
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the new regis	
agent and/or the new registered office address here:			
			e and
Name of New Registered Agent:		S 8:	200
	•	- F. E. E.	
New Registered Office Address:	Enter Florida stree	· Admin	
	omer r wrau street	tutur vəs	
		, 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 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

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>Address</u> **Type of Action** Title Tammy Show Bishop 180 Brandi ☐ Change _ 🗀 Add □Remove _____ □Change __ 🗀 Change Remove _____ □Change □Add □Remove

_____ Change

Page 2 of 3

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ated $11-12-2023$	he record is filed.
Pulled F Rulan	-2023
- Auter C. Durag	well E. Bulap
Signature of a member or authorized representative of a member	