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| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to rilling Officer. |
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| L. SELLERS |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| | Registration Sec Division of Corp | | | | | |
|-------------------|--------------------------------------|---|--|--|--|--|
| SUBJEC | T: | SYS INVE | STMENTS, LLC | | | |
| | | | ed Liability Company | | | |
| The enclo | osed Articles of A | mendment and fee(s) are subr | nitted for filing. | | | |
| Please ret | turn all correspon | dence concerning this matter t | o the following: | | | |
| | | | YILIAN PEREZ | ······································ | neutroma prominente de la compansa de la compa | |
| | · | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 122 | | | | |
| | | | Address | | | |
| | | MIAMI, FL 33175 | | | | |
| | | · I. | City/State and Zip Code | | | |
| | | VI Ian Derez E-mail address: (to | be used for future annual repo | ort notification) | | |
| For further | | ncerning this matter, please ca | | ŕ | | |
| | Se | rgio Perez | at (786) | 325-0 | 922 | |
| Name of Person | | | Area Code & | one Number | | |
| Enclosed | is a check for the | following amount: | | | | |
| ✓ \$25.0 0 | 0 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | | \$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

| S (Normalitation) | YS INVEST | MENTS, LLC | , | |
|---|---|---------------------|-----------------------------|---|
| (Name of the Limite | A Florida Limited I | Liability Company) | rs on our records. | |
| _ | | were filed on | 02/14/2011 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "." new principal offices address, if applicable: 12241 SW 16 TER, K-108 MIAMI, FL 33175 MIAMI, FL 33175 | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Comp | any," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if appli | cable: | 12241 SW 10 | 6 TER, K-108 | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | MIAMI, FL 33 | 3175 | |
| Enter new mailing address, if applicable: | | 12241 SW 16 | 3 TER, K-108 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33 | 3175 | W-104-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| | | <u>e</u> : | our records, <u>enter t</u> | the name of the new |
| New Registered Office Address: | | | | |
| | | En | ter Florida street ada | lress |
| | | MIAMI | , Florida | 33175 |
| | | 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 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 = Manager

| | <u>Name</u> | Address | Type of A |
|-------------|--|---|---------------|
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| | - | | Add Remove |
| ameno | ling any other information, enter | r change(s) here: (Attach additional sheets, if necessary.) | |
| | | TALLA LA | <u> </u> |
| | | ASS AN | 1 -2 |
| | | EE, FL | |
| | oiil 28 , | 2012. | - = C |
| | VIIC 20 | <u> </u> | |
| | | member or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00