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(Re	questor's Name)	
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B. BOSTICK
MAR - 3 2014

EXAMINER

COVER LETTER

Division of Corpor		
SUBJECT:	SYDA REAL ESTATE, LLC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Helena Fordin Name of Person	
	Firm/Company	
	945 S. South lake DR. Address	
_	Holly nood FL 33019 City/State and Zip Code Nelena fordin e gmail.com	
For further information conc	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	
Heleva F Name of Pe		
Enclosed is a check for the f	ollowing amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed). Certified C	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 OF

	REAL ESTATE LI	<u>-C</u>
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number	-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
HELENA FOR	EDIN, LLC	
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	
Enter new mailing address, if applicable:		17.3 17.3 17.3 17.3
(Mailing address MAY BE A POST OFFICE BOX)		20 1 mm
		7.
B. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, enter the name of the new
		मा जिल्ला कर
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Remove
			Add
			□ Remove
			□ Add
			□ Remove
			Add Remove
			Remove
			□ Remove

ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) The date of the date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	[ective date, if other than the date of filing:
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Helena Fordin	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00