

L12000093569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

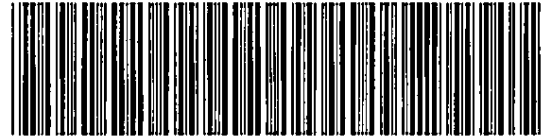
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 13 PM 2:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYLVIA'S RETIREMENT HOME 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:

SYLVIA WILLIAMS

Name of Person

Firm/Company

1381 SW 104TH AVENUE

Address

PEMBROKE PINES, FL 33025

City/State and Zip Code

WILL4117@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVIA WILLIAMS

786

423-0429

at ()

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 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**

SYLVIA'S RETIREMENT HOME LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/22/2012 and assigned
Florida document number L12000083569.

This amendment is submitted to amend the following:

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

SYLVIA'S RENTALS 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)

1381 SW 104 AVENUE

PEMBROKE PINES, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 4953

HOLLYWOOD, FL 33083

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

SYLVIA WILLIAMS

New Registered Office Address:

1381 SW 104 AVENUE

Enter Florida street address

PEMBROKE PINES

City

Florida 33025

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.

Sylvia Williams
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

N/A

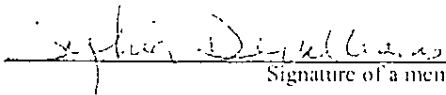
E. Effective date, if other than the date of filing: 01-01-2023 (optional)

(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.

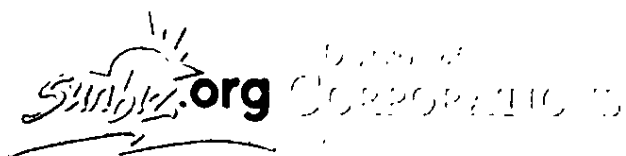
Dated DECEMBER 06, 2022



Signature of a member or authorized representative of a member

MANAGER/CEO/OWNER/PRESIDENT

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SYLVIA'S RETIREMENT HOME LLC

Filing Information

Document Number	L12000083569
FEI/EIN Number	46-2652739
Date Filed	06/22/2012
Effective Date	12/08/1986
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/16/2022

Principal Address

1823 NW 94TH ST
MIAMI, FL 33147

Mailing Address

1823 NW 94TH ST
MIAMI, FL 33147

Registered Agent Name & Address

WILLIAMS, SYLVIA
1381 SW 104TH AVE
PEMBROKE PINES, FL 33025

Name Changed: 11/16/2022

Authorized Person(s) Detail

Name & Address

Title MGRM

WILLIAMS, SYLVIA
1381 SW 104 AVENUE
PEMBROKE PINES, FL 33025

Annual Reports

Report Year	Filed Date
2020	05/31/2020
2021	04/02/2021

2022

11/16/2022

Document Images

<u>11/16/2022 -- REINSTATEMENT</u>	View image in PDF format
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<u>04/30/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/22/2012 -- Florida Limited Liability</u>	View image in PDF format