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2013 JUL 2'S PM 2: 31
SECRETARY OF STATE
TALL AHASSEE, FLORID

JUL 26 2013 J. BRYAN

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sylvan tec LC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for liling.	
Please return all correspondence concerning this matter to the following:	. B
Shavon Howard  Name of Person	FILE Byll 25 Brokeries
Sylvan Tec CC. Firm/Company	PH 2: 3
277 Short St.	DE
Lake Mary FL 32746 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shavou Howard at 1626 831 - 8154  Name of Person Area Code & Daytime Telephone Number	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status	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

SVIVantec	
Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
(A Finited	Entonity Company)
The Articles of Organization for this Limited Liability Compar	y were filed on Jule 4, 2013 and assigned
Florida document number <u>L   3 0 0 0 8 0 7 3 7</u>	
Torrac document mander	
This amendment is submitted to amond the following:	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
	nited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	. 😅
Enter new principal offices address, if applicable:	TARE IS T
(Principal office address MUST BE A STREET ADDRESS)	L CRE L
	22
	SEX
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R If amonding 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 ha	
	<del></del> -
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Enter r toriaa street aaaress
	, 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 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 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

MGRM = Managing Member **Type of Action Address** Title **Name** MERM Sharon Howard 277 Short St. Lake Mary, FL MGRM Takefuni Tokuma 277 Short St. Dadd Lake Mary, FL 37746 Remove Remove Remove

	7/23/13.
	5-10
•	Signature of a member or authorized representative of a member
	Sharon Howard

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Filing Fee: \$25.00

FILED
26 PM 2:3