L14000074406

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SECTE LERY OF STATE DIVISION OF CORPORATION

J. HARRIS

COVER LETTER

то:	Registration Section Division of Corpo		• •	. •
SUBJE	СТ:	3H UPS Name of Limit	ed Liability Company	
The enc	closed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspond	lence concerning this matter to	o the following:	
		SYED	Name of Person	<u> </u>
			Firm:Company	
		49 GOI	hasset Lone	
		Cherry	hasset Lone Address Hill, NJ-080 City'State and Zip Code Comcast. net Displayed to be used for future annual report notification.	203.
		Shoor © E-mail address: (to	comcast. net be used for future annual report notifice	ation)
For furt	her information con	cerning this matter, please ca		
<u>5</u> Y	Name of P	COHAMMED erson	at (<u>609</u>) <u>458</u> — Area Code Daytime T	elephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	• P :60.00 Filing Fee, • Certificate of Status & Certified Copy tadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

3H UIS 22C		
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Linited Liability Company of Florida document number <u>L 14000074406</u> .	- / / /	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SYED 3H LLC The new name must be distinguishable and end with the words "Limited Liabi	The Commune "the designation "I I C" or the abo	endation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SA-ME	SE ONE
		PH CONT
Enter new mailing address, if applicable:	SAME	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stræt address	
	, Florida	
	Civ	Zin 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

nding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or aorized Member being added or removed from our records:

<i>)</i> *		
∖. /IGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	Add
		-	Remove
		BEFORE	Add Remove
	R S		
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e this document is filed by the Flori	da Department of State)	•
JVH 11	2014.	
		

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Filing Fee: \$25.00

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