LISCOUR ESSLS

(Re	equestor's Name)	
,	,	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(Di	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Elling Officer	
Special instructions to	rilling Officer.	

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SEGRETARY OF STATE
TALLAHASSEE FLORIDA

J. SHAVERS MAY 0 1 MIT

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	SY LAND	, LLC		
SUBJEC		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub	_	
		David M. Lazarus		
			Name of Person	
		Fromberg, Perlow &	Kornik, P.A.	
			Firm/Company	
		20295 NE 29 Place,	Suite 200	
			Address	- · · · -
		Aventura, FL 33180)	
			City/State and Zip Code	
		dlazarus@fpk-law.co	m to be used for future annual report notifice	ation)
For furth	er information cor	icerning this matter, please ca	•	
David	M. Lazarus		305 933-2000	
	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed	is a check for the	following amount:		
\$25.0	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/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SY LAND, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000025568	Company were filed on <u>02/11/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		the name of the ne
registered agent and/or the new registered office ad	ldress here:	<u> </u>
		5
Name of New Registered Agent:		
New Registered Office Address:		\$22
	Enter Florida street address	TO B In
	. Florida	7
	City .	Zip Cade

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** MGR Selmo Satanosky ... 6788 TAFT STREET ■ Add HOLLYWOOD, FL 33024 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Remove _ Add ☐ Remove

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tive date, if o	ner than the date of filing:
ffective date must	her than the date of filing: (optional) e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00

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