11500027194

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
टा का	SLYIX LLC			
оовј	EC1:	Name of Lim	ited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Joshua Rodrigue		
			Name of Person	
			Firm/Company	
		3190 Orange Grove Trail		
		Naples, FL 34120	Address	
		jrodrigue!@gmail.com	City/State and Zip Code	
		· -	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Joshua	a Rodrigue		239 244-2471 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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:

TO:

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

SLYIX LLC				
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number 1.15000027194		8	and ass	igned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	limited liability company here:			
SLYIX Global LLC				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable	·			····
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:		<u>.</u>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
		2.	16	
B. If amending the registered agent and/or t		er the	<u>name</u>	of the ne
registered agent and/or the new registered office	address here:	3%	₹ \	
		₹%, ,=100 -	82	:
Name of New Registered Agent:			<u> </u>	TT
		er	က္ခ	
New Registered Office Address:	Enter Florida street address	77. 672.1	<u>ත</u>	
	, Florida	-		
_	Cin		n 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 Authorized Person(s) authorized to manage, enter the title, name, and addr	ress of each person	being added
or removed from our records:		
/ 		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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ective date, if other than the date of filing:	(optional) (optional) (optional) (optional) (optional) (optional)
te: If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed as
nument's effective date on the Department of State's records.	

Page 3 of 3

Filing Fee: \$25.00