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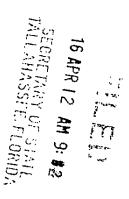
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COVER LETTER

	Registration Sec Division of Corp		·	
CHD IE	Sydmax 1			
SUBJEC	Л:	Name of Limi	ited Liability Company	_
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	dence concerning this matter	to the following:	
		Paul Schuman		
			Name of Person	
			Firm/Company	
		3585 NW 87th Avenue		
			Address	
		Cooper City, FL 33024		
			City/State and Zip Code	
		pschuman@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Paul Sch	numan		at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sydmax 1	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of	on April 4, 2016 and assigned
Florida document number L16000066087	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	<u>ny here</u> :
Sydmax 1 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)	<i>≥</i> ω
	5.0
	IR PR
Enter new mailing address, if applicable:	SS 7 3mm
(Mailing address MAY BE A POST OFFICE BOX)	
	50 %
	S
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the ne
registered agent andror the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, 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 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 address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			□ Change
			Add
			Remove
			□ Change
			☐ Add
			□ Remove
			Change
			Add
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ffective date, if other than the date of filing:	(41N
an effective date is listed, the date must be specific and cannot be prior to date of filir lote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.00 by filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ated 99916 8 , 2016.	
Signature of a member or authorized represe:	

Page 3 of 3

Filing Fee: \$25.00