

2/12/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000049370 3)))



H180000493703ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NATALIE M. BURNS PL
Account Number : I20140000036
Phone : (305) 733-8223
Fax Number : (561) 450-5105

FILED
18 FEB 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORREC^{AK} OR M/MG RESIGN
SEQUOIA BUSINESS SYNERGY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
FEB 12 2018

S. WARREN
FEB 12 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H18000049370 3)))

SEQUOIA BUSINESS SYNERGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/25/2016 and assigned
Florida document number L16000102696.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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**)

10414 E. COLONIAL DRIVE

ORLANDO, FL 32817

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10414 E. COLONIAL DRIVE

ORLANDO, FL 32817

B. If amending 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 here:

Name of New Registered Agent:

JAYSON RIVERA

New Registered Office Address:

1389 SHALLCROSS AVENUE

Enter Florida street address

ORLANDO

Florida 32828

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

FILED
18 FEB 12 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H18000049370 3)))

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JORGE BALINA	3428 KAYLA CIRCLE	<input type="checkbox"/> Add
		OVIEDO, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAY'S HIDEOUT LLC	10414 E. COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
08 FEB 12 PM 2:30
CLERK OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((F118000049370 3)))

F. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the effective date does not meet the applicable statutory filing requirements, this date will not be listed as the effective date.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 9 1961

2018

Signature of a member or authorized representative of a member

JORGE BALINA

Typed or printed name of signee

FILED
18 FEB 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA