

LI6000102696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Registration Section
Division of Corporations

SUBJECT: Sequoia Business Synergy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayson Rivera
Name of Person

SEQUOIA BUSINESS SYNERGY LLC
Firm/Company

1389 shall cross Ave
Address

Orlando, FL 32828
City/State and Zip Code

javieririzarry07@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayson Rivera at (914) 400-8056
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ Already Paid. \$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**

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 06/02/2018 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:

Javier Frizarry

New Registered Office Address:

10414 E. Colonial Drive

Enter Florida street address

Orlando

City

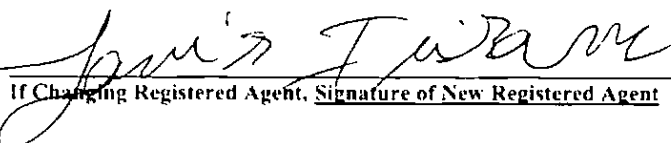
Florida

32817

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jayson Rivera	1389 Shall cross Ave	<input type="checkbox"/> Add
		Orlando, FL, 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Javier Irizarry	10414 E. Colonial Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Armando Martinez	10414 E. Colonial Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAY'S		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated JUNE 2, 2018

Signature of a member or authorized representative of a member

Jayson Rivera JAVIER RIVERA

Typed or printed name of signee