L16000128748

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO:		istration Sec sion of Corp					
SUBJE	СΤ.	SLYD Cons	ulting LLC				
SUBJE	C1;	Name of Limited Liability Company					
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn	all correspon	dence concerning this matter	to the following:			
			Sheri Y Prentiss				
				Name of Person			
			SLYD Consulting LLC				
				Firm/Company			
	2238 N Cypress Bend Drive Apt 502						
			Pompano Beach, IL. 33069	9	As St		
				City/State and Zip Code	2016 /		
			phillipsheri@gmail.com		VI BEIN	**************	
For furth	her in	formation co	E-mail address: (ncerning this matter, please co	to be used for future annual report notificat all:	ion) in		
Sheri Y	Pren	tiss		847 602-2277 at ()	10 Sept. 19		
		Name of	Person	Area Code Daytime Te	lephone Number	•	
Enclose	d is a	check for the	e following amount:				
\$25.	.00 Fi	ling 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

SLYD Consulting 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 July 5, 2016 and assigned Florida document number ____L16000128748 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 25.5 Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ms	Gloria L Diaz	167 SW Hawthorne Circle	
		Port St. Lucie 34953	☐ Remove
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Sheri Y Prentiss, MD and Gloria L. Diaz					
					
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	July 5, 2016				
ective date, if other than the date of fili effective date is listed, the date must be specific a	ng:	date of filing or mor	options than 90 days after file	al) ing.) Pursuant to	605.02
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union s effective date on the Department of	i State S records.				
record specifies a delayed effective	date, but not	an effective tir	ne at 12·01 a n	n on the ea	arlier .
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ed August 12	-, 2016	- ·,			
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Filing Fee: \$25.00