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| Special Instructions to Filing Officer:  |
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# **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | ·   |  |                                       |
|--|--|---|--|---------------------------------------|
| SUBJECT: SYNK                          | IROLL RECORD                                 | S   |  |                                       |
| Sebuce Ovi II                          | Name of Lim                                  | ited Liability Company  |  |                                       |
|  |  |   |  |                                       |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |  |                                       |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |                                       |
|  | NAIGIMIR                                     | Rame of Person  |  |                                       |
|  | BANKROII                                     | RECORDS<br>Firm/Company   | ·····  |                                       |
|  | 13300 M. NE                                  | EWDERRY Rd. P   | 164.819  | SEURE TARY<br>TALLAHASSI<br>17 MAR 27 |
|  | NEMDERRY F                                   | City/State and Zip Code   | <del> </del>   | SEE PH<br>27 PH                       |
|  | VAI DYRUNG<br>E-mail address: (1             | QMAIL COM to be used for future annual report notif                 | lication)  | M 3: 53                               |
| For further information c              | oncerning this matter, please ca             | all:  |  | ω <sub>(55</sub> ,                    |
| VAId MINING                            | R BYRON                                      | at Area Code Daytime  | Telephone Number   |                                       |
| Enclosed is a check for the            | ne 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,<br>Certificate of Star<br>Certified Copy<br>(additional copy is en | tus &                                 |
| MAIL                                   | ING ADDRESS:                                 | STREET/COURI  | ER ADDRESS:  |                                       |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BHN HOLL HECORDS   |   |
|--|---|
| ( <u>Name of the Limited Liability (</u><br>(A Florida Li  | Company as it now appears on our records.) mited Liability Company)   |
| The Articles of Organization for this Limited Liability Com  | npany were filed on 1121116 and assigned  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited   |   |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)      | 1 Liability Company," the designation "LLC" or the abbreviation "L.L.C."  13210 W NEWDERRY R. A. A. A. B. |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                      | 13200 W NEWDERRY Rd. APT. BIZ<br>NEWDERRY FI. 32469   |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | red office address on our records, enter the name of the new  |
| Name of New Registered Agent:  New Registered Office Address:  | MININ BYRON SS SS   |
| MEMA   | Enter Florida street address  Florida 3300  Zip Code  |

## New Registered Agent's Signature, if changing Registered Agent:

000000000000

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 = A     | Authorized Member |              |                |
|--------------|-------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u>       | Address      | Type of Action |
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| an effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than tote:  If the date inserted in this block does not meet the applicable statutory filing require occument's effective date on the Department of State's records. | (optional) 90 days after filing.) Pursuant to 605.0207 (ements, this date will not be listed as t |
| e record specifies a delayed effective date, but not an effective time, a<br>The 90th day after the record is filed.  | t 12:01 a.m. on the earlier of:   |
| ated MARW 15 12.  |   |
| Signature of a member or authorized representative of a men   | nher  |
| ·   |   |

Page 3 of 3

Filing Fee: \$25.00