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September 5, 2017

LIRAM SUSTIEL 4200 NW 145TH ST UNIT 2 OPA-LOCKA, FL 33054

SUBJECT: SUYA LLC

Ref. Number: L17000165248

We have received your document for SUYA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 017A00018206

JALLAHASSIF FLORID

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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О	F	201 701
SUYA	LL(	ANN CONTRACTOR
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 8/3/20	17 and assigned
Florida document number <u>L17000165248</u> .		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
This amendment is submitted to amend the following:		-
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.I.,C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del></del>
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILED 3:03
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zıp 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> Name <u>Address</u> Type of Action Liran Sustial 4200 NW 145 Th St NAdd Opu-10cKn FL 33054 □ Change Stac Yngudoyer □ Add Opn - locka FL 33054 ☐ Remove □ Add T L Response Charles \_□ Change □ Add \_□ Remove

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Filing Fee: \$25.00