

17000232637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

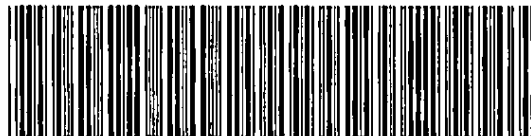
(Business Entity Name)

(Document Number)

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HALL COUNTY, FLORIDA

S. WARREN

DEC 01 2017

LAW OFFICES
JOHN P. WILKES

PROFESSIONAL ASSOCIATION
SUITE 101A
901 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 467-9200

FACSIMILE (954) 467-6508

email: jwilkes@jpwpa.com

November 17, 2017

Via Federal Express

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

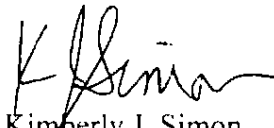
Re: Sylvia Baldini, LLC
Florida Document No. L17000232637

Dear Sir/Madam,

Attached please find Cover Letter and Articles of Amendment to Articles of Organization of the above referenced company, along with our check in the sum of \$25.00 for the filing fee. Please file accordingly.

Thank you for your courtesies in this regard.

Sincerely yours,



Kimberly J. Simon
Legal Assistant
JOHN P. WILKES, P.A.

/kjs
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYLVIA BALDINI, 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:

John P. Wilkes, Esq.
Name of Person
John P. Wilkes, P.A.
Firm/Company
901 S. Federal Highway, Suite 101A
Address
Fort Lauderdale, FL 33316
City/State and Zip Code
jwilkes@jpwpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Wilkes at (954) 467-9200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Sylvia Baldini, 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 11/09/17 and assigned
Florida document number L17000232637.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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TALLAHASSEE
FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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AT CHASSEL, ALABAMA
U.S. DEPT. OF JUSTICE

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

The address of ^{the} ~~te~~ MGR, Sylvia Baldini, who is the
person authorized to manage LLC, is amended to read as
follows: 1 Harborage Isle Drive, Fort Lauderdale, FL 33316

E. 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)

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 November 21, 2017.

Sylvia Baldini

Signature of a member or authorized representative of a member

Sylvia Baldini

Typed or printed name of signer

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FORT LAUDERDALE, FLORIDA