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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State

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

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/30/2018

PRIORITY Routine

OUR REF # (Order ID#) 681241

ORDER ENTITY

PHAINESTHAI COMPANY LLC C/N/T SYRUPOLOGY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PHAINESTHAI COMPANY LLC C/N/T SYRUPOLOGY LLC (FL)

File the attached amendment

Please provide a certified copy as evidence.

NOTES: _

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 30, 2018 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHAINESTHAI COMPANY 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 of Florida document number <u>L18000025713</u> .	were filed on January 24, 2018 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
Syrupolog	y LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	ripal offices address, if applicable: 9045 Strada Stell Court, Suite 500				
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34109				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off 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

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>	Address	Type of Action
AMBR	Parker J. Collier, Trustee of the Parker J. Collier	9045 Strada Stell Court, Suite 500 Naples, Florida 34109	Add
	Revocable Trust dated December 19, 1997, as amended	 	
			Change
AMBR	PJC Revocable Trust	9045 Strada Stell Court, Suite 500 Naples, Florida 34109	Ø Add
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