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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	SIH trial	ls, uc.
	Name of Limit	ed Liability Company
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.
Please return all correspond	dence concerning this matter to	the following:
		Name of Person
		SIH Hials Firm/Company
	14686	Braddack oak dh
		City/State and Zip Code 12ach@yhbod.com
For further information cor	t-mail address: (to neerning this matter, please cal	be used for future annual report notification) 1:
Canza Name of 1	,	at (209) 485 - 818 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ection	Street Address: Registration Section
Division of Cor P.O. Box 6327	rporations	Division of Corporations The Centre of Tallahassee
Tallahassee, FL	_ 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y a, it now appears on our recordinability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 12 2000 82 522		18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ra	
(Principal office address MUST BE A STREET ADDRESS)		75. 22 F 23
Enter new mailing address, if applicable:	<u>na</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:	~a :	
New Registered Office Address:	Enter Florida street addre	SSS
	. F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Couc
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Two of stelen
			BA&
		\$	□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please change company name
Current: Sitt Hials, UC
Change to: SIH H. Research, UC
Kindly file the correction of process the
raquest-Reference leller is attached
Please Process le request as Soon as
possible.
Contact me, 1Conza Chardhary
ad (209) 485-8181 for any parter questions
Enclosed: Reference letter # 120 A 000107
<u> </u>
E. Effective date, if other than the date of filing: 5-21-20 (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)(the 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 U-30 - 20 \tag{ Lage U.}
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Carza Chaudhary Typed or printed name of signee
Typed of famed hand of signed

Filing Fee: \$25.00