L18000 261104

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COVER LETTER

TO:

TO: Registration S Division of Co						
CLUSTERATE	AARON & NORAH LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jack Jawitz					
	 	Name of Person				
	AARON & NORAH LLC					
		Firm/Company				
	2919 26th st west					
	Address					
	Bradenton FL 34205					
	City/State and Zip Code					
	jackjawitz@gmail.com					
	E-mail address; (to be used for future annual report noti	fication)			
For further information of	concerning this matter, please c	all;				
Casey Brinn		941 755-2255 at ()				
Name (of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he 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, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address: Registration Se	ction			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 633	27	The Centre of T	allahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AARON & NORAH LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	iability Company	were filed on 11/07/2018	and assigned
Florida document number L18000261104	.		
This amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liab	ility company here:	
Sylva NC Holdings LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2919 26th st west	
		Bradenton FL 34205	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		2919 26th st west Bradenton FL 34205	
 If amending the registered agent and/or gent and/or the new registered office addre 	ess here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	Jack Jawitz		
New Registered Office Address:	2919 26th st wo	281	•
		Enter Florida street address	
	Bradenton	, Flori	da 34205
		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 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
MGR	JAck Jawitz	2919 26th st west	□Add
		Bradenton FL 34205	□Remove
			□Change
			□Add
			□Remove
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Effect	ive date, if other than the date of filing: (optional)
lt an eil <u>Note:</u>	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recor ord is fi	d 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 led.
13 !	04/28
Dated	> 1
	Signature of antiquer or authorized representative of a member

Filing Fee: \$25.00