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(Re	questor's Name))
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SECRETARY OF STATE



AUG 12 2019 S. YOUNG

COVER LETTER

SYZYGY I	ENTERPRISES, LLC	
Sobject,	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Marrio V McLaurin	
	Name of Person	
	SYZYGY ENTERPRISES, LLC	
	Firm/Company	
	8742 European Fan Palm Aly	Name of Person Firm/Company Address y/State and Zip Code used for future annual report notification) at (407
	Address	
	Winter Garden, FL 34787	
	City/State and Zip Code marriovmclaurin@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Marrio V McLaurin		
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

SYZYGY ENTERPRISES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 07, 2018	and assigned
Florida document number 1.18000281851		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u> च</u>
Principal office address MUST BE A STREET ADDRESS)		200
		新工
		器-6-1
Enter new mailing address, if applicable:		T = 0
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		37 IDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Marrio Vida McLaurin	8742 European Fan Palm Aly Winter Garden, FL 34787	□ Add
			Remove
			☐ Change
MGR	Ivelise McLaurin	8742 European Fan Palm Aly Winter Garden, FL 34787	
			Remove
			■ Change
		Add	
		☐ Remove	
			Change
			Add
			Remove
			Change
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ffective date, if other the an effective date is listed, the date inspected in	an the date of filing: _ late must be specific and can	anot be prior to date of f	iling or more than 90 days	ptional) after filing.) Pursuant to 605.	0207 (
lote: If the date inserted in ocument's effective date or	the Department of State	s records.	ory ming requirements.	this date will not be liste	a as t
e record specifies a do The 90th day after th		e, but not an effe	ective time, at 12:0	1 a.m. on the earlie	r of:
04 August	. 2	:019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00