L19 000016370

(Requestor's Name)
(Address)
(1.100.000)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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C. GOLDEN
JUN 2 0 2019

COVER LETTER

SUBJECT:	SYNDICATE FIGHTER	R, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing,	
Please return all corresp	oondence concerning this matter	to the following:	
	Phillip L. Ferrer		
		Name of Person	
	Syndicate Fighter, LLC		
		Firm/Company	
	809 S. 24th Ave.		
		Address	
	Hollywood, FL 33020		
		City/State and Zip Code	
	kevinescribano@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ail:	
Kevin Escribano		954 661-5259	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 ADDRESS:

Registration Section Division of Corporations

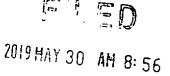
TO:

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



SYNDICATE FIGHTER, LLC

	CONTRINCT BEE			
(Name of the Limited	d Liability Company A Florida Limited Liab	as it now appears on oility Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number L19000016370	ability Company we	ere filed on January	7 15, 2019	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabilit	v company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	"ADDRESS)			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered officice address here:	e address on ou	r records, <u>enter the</u>	name of the new
Name of Naw Pagistared Agents				
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	 treet address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re company has been notified in writing of this cl	r and complete per ered agent as pro gistered office ad	rformance of my o vided for in Chap	duties, and I am fam eter 605, F.S. Or, if t	iliar with and his document is

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>	Type of Action
AMBR	Phillip Ferrer	809 S. 24th Ave., Hollywood, FL 33020	□ Add
			□ Remove
			Change
AMBR Kevin	Kevin Escribano	809 S. 24th Ave., Hollywood, FL 33020	B Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
		_	Change
			Remove
			Change
			Add
			Remove
			Change

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
•	
(If an ef Note:	April 24, 2019 (optional) fective date, if other than the date of filing: (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 24, 2019
	Signature of a member of authorized representative of a member
	Phillip Ferrer Typed or printed name of signee

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Filing Fee: \$25.00