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COVER LETTER

		stration Section of Corp				
SUBJEC		SYH LLC				
SUBJEC	.1		Name of Lim	ited Liability Company		
The encle	osed /	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	turn a	ll correspon	dence concerning this matter	to the following:		
			ESTER AVILA ZAMORA			
			SYH LLC	Name of Person		
			1580 NW 15TH AVE # 4	Firm/Company		
			BOCA RATON, FL. 3348	Address 6		
			esther.tita1781@hotmail.co			
For furthe	er info	ormation cor	E-mail address: () neerning this matter, please co	to be used for future annual r	eport notification)	
ESTER A	VIL	A ZAMORA	\		-9025	
		Name of I	Person	at () Area Code	Daytime Telepho	one Number
Enclosed	is a c	heck for the	following amount:			
■ \$25.0	0 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			G ADDRESS:		COURIER AD	DRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYH LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L19000127783	,	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	1_2
		28 3
B. If amending the registered agent and/or	registered office address on our records, er	nter the name of the new
registered agent and/or the new registered office		24
		河口 藍
Name of New Registered Agent:		7-07 9
N B : 1000		18 O
New Registered Office Address:	Enter Florida street address	<u> </u>
-	, Florid	
	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	LUIS ALONSO CAMPOS RODRIGUEZ	1580 NW 15TH AVE # 4 BOCA RATON, FL. 33486	■ Add
			☐ Remove
			□ Change
			□ Add
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	10/17/2010	
Offective date, if other than the	10/17/2019 date of filing:	(optional) more than 90 days after filing.) Pursuant to 605,020
f an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or ack does not meet the applicable statutory filing	more than 90 days after filing.) Pursuant to 605,020 ng requirements, this date will not be listed as
document's effective date on the De		
		time, at 12:01 a.m. on the earlier o
	ra is mea.	
The 90th day after the reco		
The 90th day after the reco	2019	
The 90th day after the reco	2019 	
The 90th day after the reconstant OCTOBER 17TH	2019 Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00