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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYCTILEPRESSional LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA SOLANO RONEY MBR
Name of Person

Maria Solano Roney
Firm/Company

1003 S. Suwannee Ave
Address

Lakeland Florida 33815
City/State and Zip Code

mariaroney25@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria S Roney at (863) 709-7666
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$45.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
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

TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Lake land and
Florida document number 84-2526483.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SYCTilePROfessional LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1003 S. Suwannee Ave
Lakeland Florida
33815

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria Solano Roney

New Registered Office Address:

1003 S. Suwannee Ave

Enter Florida street address

Lakeland Florida 33815
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Sarahi Cash Salano	915 Kelly Ave Lakeland FL 33815	<input type="checkbox"/> / <input checked="" type="checkbox"/> R <input type="checkbox"/> C
MGR	Luis E Sequeira Jimenez	915 Kelly Ave Lakeland FL 33815	<input type="checkbox"/> A <input checked="" type="checkbox"/> R <input type="checkbox"/> C
MGR	Maria Salano Roney	1003 S. Suwannee Ave Lakeland FL 33815	<input checked="" type="checkbox"/> A <input type="checkbox"/> Re <input type="checkbox"/> Cha
MGR	Jose Luis Cash Salano	1003 S. Suwannee Ave Lakeland FL 33815	<input checked="" type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Cha <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Cha <input type="checkbox"/> Ad <input type="checkbox"/> Re <input type="checkbox"/> Cha

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STATE OF FLA
TALLAHASSEE, FL 32310

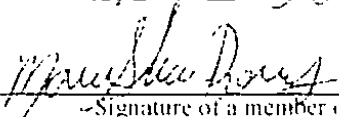
E. Effective date, if other than the date of filing: _____ (optional)

(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 (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 earliest of the following:
(b) The 90th day after the record is filed.

Dated Agosto 27, 2019.



Signature of a member or authorized representative of a member

Maria Solano Roney

Typed or printed name of signee