## L19000281383

<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	Office Use Only



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~ 6/1/2022

		CC	OVER LETTER	ł
	gistration Section vision of Corporations			
	SYT INTERNATIONAL	., LLC		
UBJECT:		Name of Limited	Liability Company	
e enclose	d Articles of Amendment and fe	æ(s) are submit	ted for filing.	
se retur	n all correspondence concerning	this matter to t	he following:	
		٦L	COB HANCOCK	
			Name of Person	
		SYT IN	TERNATIONAL.	LLC
			Firm/Company	
		3414	n main st, suit	Έ 1
			Address	
		JACK	SONVILLE, FL 32	206
			'ity/State and Zip Code	
			in@bwindustry.org e used for future annual r	
or further	information concerning this matt			
	JACOB HANCOCK		904	352-8182 Daytime Telephone Numbe
	Name of Person	<del>.</del> .	area Code	Daytime Telephone Numbe

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Certificate of Status

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AR		AMENDMENT	
- • DT		, RGANIZATION	E ED
AKI	ICLES OF O		
	U	Γ	2022 JUN - 1 PM 2: 34
	SYT INTERNAT		
		was it now appears on our records.) ability Company)	TALLANIASSEE, FL
The Articles of Organization for this Limited L	iability Company y	were filed on 11/06/2019	and assigned
Florida document number L19000281.			
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabil	lity company here:	
	AGHTWORK IND		
The new name must be distinguishable and contain the v	ords "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	NO CHANGE.	
(Principal office address MUST BE A STREE	T ADDRESS)		
	<u> </u>		
		-	
Enter new mailing address, if applicable:		NO CHANGE.	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			<del>_</del>
B. If amending the registered agent and/or a agent and/or the new registered office addre		ddress on our records, <u>enter the l</u>	name of the new registered
Name of New Registered Agent:	NO CHANGE.		
New Registered Office Address:	NO CHANGE.		
<u> </u>		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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NO FURTHER CHANGES.			
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If the record 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 record is filed.

Dated	MAY 19TH	2022	
	(		
_		Jaint Artancon	
	Signature	of a number or authorized representative of a member	
		JACOB J. HANCOCK	
-		I yped or printed name of signee	· · · - · · ·

Filing Fee: \$25.00