LZ0000109638

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SYL Servi	ces LLC			
SUBJECT:	Name of Lin	ited Liability Company		
				12 4
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		14. " " " " " " " " " " " " " " " " " " "
Please return all corresp	ondence concerning this matter	to the following:		200
	Jon Waller			20 th 10 th 9:25
		Name of Person		25
	Liberated Badass			
	· ·	Firm/Company		
	2141 NE 64th Street			
		Address		
	Fort Lauderdale, FL 3330	₹		
		City/State and Zip Code		
	jonwallerfbs@gmail.com			
	E-mail address:	to be used for future annual report r	iotification)	
For further information	concerning this matter, please c	all:		
Jon Waller		954 300-3244		
Name	of Person	at () Area Code Day	time Telephone Number	
Enclosed is a check for t	he 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 Addre Registration	ss: Section	Street Address:		
Division of C	Corporations	Registration Section Division of Corporations		
P.O. Box 6327 The Centre of T				

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYL Services LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y <u>as it now appears on</u> ability Company)	our records.)		Ex
The Articles of Organization for this Limited Liability Company v Florida document number 1.20000109638	were filed on $\frac{4/22/20}{}$	020	and assigned	ب.
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
Liberated Badass LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	ation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				_
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here:	ldress on our recor	ds, <u>enter the na</u> m	e of the new regis	 ster <u>ed</u>
Name of New Registered Agent:				
New Registered Office Address:				
The wife district of the Caddress.	Enter Florida s	treet address		_
		, Florida		
	City	, 11011011	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am f ner 605, F.S. Or,	amiliar with and if this document i	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			
			□ Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			
		<u> </u>	□ Remove

_ Hthanga

). If amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
Note: If the	ate, if other than the date of filing:
the record specord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
_	
	Signature of a member or authorized representative of a member
_	Jon Walles Typed or printed name of signee