L21000118619

(Requestor's Name)	
(Address)	8003630
(Address)	0003030
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/02/210102
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 41	ndsay Syeh, L Name of Lin	LC	P
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lindsa	y m. Syeh	
		Name of Person	
		Firm/Company	
	3460 ı	N 106 th Street, H	
		Hi aleah, Fu, 33018 City/State and Zip Code	<u></u>
		•	
	lindson	to be used for future annual report not	Harrison .
For further information	concerning this matter, please c	·	meation)
		at (
Name (of Person	at ()	ne 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		Street Address:	
Registration Division of (Registration Se Division of Co	
P.O. Box 632		The Centre of 1	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linesay Sych			
(Name of the Limited Liabil (A Floric	lity Company as it now app da Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L21000118619</u>	Company were filed on		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," th	e designation "LLC" or the abbro	eviates "L.L.C."
Enter new principal offices address, if applicable:		(gr	
(Principal office address MUST BE A STREET ADD	RESS)		The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)			TO THE PARTY OF TH
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r records, enter the name of	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter F	Torida street address	
		, Florida	2. 0.1
	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, 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	Lindsay M. Syeh	3460 W 106th street	ØAdd
	, , , , , , , , , , , , , , , , , , ,	3460 W 106th street Hialeah, FZ 33018	□Remove
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an effe <u>(ote:</u>	ve date, if other than the date of filing:
record Lis file	I 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 ed.
	Monday March 29 2021. Sirty yell
ated _	,
ated _	1.1.
ated _	Signature of a member or adhorized representative of a member