

May 26 22:06:02p

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L21000480444**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC  
Account Number : I20160000041  
Phone : (407)443-8973  
Fax Number : (407)930-2626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHYROGO, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2022 MAY 26 PM 2:19

2022 MAY 26 AM 8:54  
APPROVED  
AND  
FILED

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHYROGO, 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13550 VILLAGE PARK DR STE 255

Address

ORLANDO, FL 32637

City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DESIREE TORRES

Name of Person

at ( 407 ) 443-8973

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SHYROGO, LLC

(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 11/05/2021 and assigned  
Florida document number L21000480444.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: 13550 VILLAGE PARK DR, STE 255  
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32837

Enter new mailing address, if applicable: 13550 VILLAGE PARK DR STE 255  
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32837

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

Name of New Registered Agent: ORLANDO REGISTERED AGENTS LLC  
New Registered Office Address: 13550 VILLAGE PARK DR STE 255  
Enter Florida street address  
ORLANDO, FL Florida 32837  
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.*

Signature  
If Changing Registered Agent, Signature of New Registered Agent

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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>       | <u>Address</u>                          | <u>Type of Action</u>                      |
|--------------|-------------------|---|--|
| AMBR         | STEELE, CARLA A   | 3945 8TH AVE UNIT 3 SAN DIEGO, CA 92103 | <input checked="" type="checkbox"/> Add    |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |
| AMBR         | SANCHEZ, CARLOS A |   | <input type="checkbox"/> Add               |
|              |                   | 3945 8TH AVE UNIT 3 SAN DIEGO, CA 92103 | <input checked="" type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add               |
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|              |                   |   | <input type="checkbox"/> Add               |
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|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |

(422 000 186 786 3)

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(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 605.0207 (3)(b)

Dated MAY 25TH, 2022

CARLOS SANCHEZ

**Filing Fee: \$25.00**