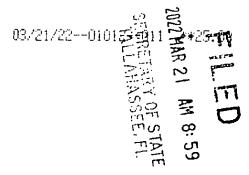
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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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A. BUTLER APR 0 6 2022

COVER LETTER

8 Browns	SYIGGE LLC nited Liability Company	
mendment and fee(s) are sub	omitted for filing.	
lence concerning this matter	to the following:	
Stuar	t Kapian Name of Person	
Stuart	N Kaplan	P. A .
3399 PGA	BIVA., Suite	150
aim Beach	Gardens, Flo	vida 33410
	City/State and Zip Code	
Kapian		-2100 e Telephone Number
following amount:		
☐ \$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)
	SHUAY SH	Name of Limited Liability Company The mendment and fee(s) are submitted for filing. Idence concerning this matter to the following: SHUAYH KAPIAN Name of Person SHUAYH N. KAPIAN Firm/Company 3399 PGA BIVA., SUHE Address City/State and Zip Code Company E-mail address: (to be used for future annual report notice cerning this matter, please call: KAPIAN at (813) Area Code Daytim following amount: S30.00 Filing Fee & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 21 AM 8:50

age LLC
Liability Company) TALLAHASSEE, FL
y were filed on 212022 and assigned
bility company here:
LLC
ility Company," the designation "LLC" or the abbreviation "L.L.C."
N/A
N/A
address on our records, enter the name of the new registered
NA
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 or removed from our records</u>:

MGR =	Manager	N/A
AMRD =	Authorized Mombor	•

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
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			□Change

ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this filed.	_	NA
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		(Inc.
		Signature of a plember or authorized representative of a member

Filing Fee: \$25.00