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T. MATTHEWS JUN 20 2022

COVER LETTER

	Registration Se Division of Cor			
CHDIECT	SYK SERV			
SUBJECT	Г:		ited Liability Company	· · ·
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	am all correspo	ondence concerning this matter	to the following:	
		JUAN BISBAL		
			Name of Person	
		SYK SERVICES		
			Firn/Company	·
		12502 SW 112TH TER		
			Address	
		MIAMI, FL 33186	Name of Person Firm/Company Address City/State and Zip Code GMAIL.COM ss: (to be used for future annual report notification) se call: 786 299-1429 at (
			City/State and Zip Code	
		SYKSERVICESLLC@GM		
		E-mail address:	to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
JUAN BIS	SBAL			
	Name o	f Person		Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Tailing Addres			rtion
Registration Section Division of Corporations		-		
P	O. Box 632	7	The Centre of T	allahassee
T	Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ORVISION OF CORPORATION:

SYK SERVICES

22 APR 26 AM 8: 35

(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 $\frac{02/08/2022}{1}$ _____ and assigned Florida document number L22000065615 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: (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 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: New Registered Office Address: Enter Florida street address _, Florida ___

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.

11 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

Title	<u>Name</u>	Address	Type of Action
MGR	MARQUEZ, MARIO	12502 SW 112TH TER, MIAMI, FL 33186	■Add
			Remove
			□Change
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fective date, if other than to n effective date is listed, the date ote: If the date inserted in this cument's effective date on the	nust be specific and cannot be pr block does not meet the app	licable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	605.0207 listed as
ecord specifies a delayed effectis filed.	tive date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	ifter the
ted APRIL 22	, 2022			
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