

L22 000075711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

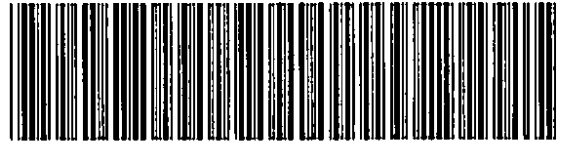
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800382726988

03/09/22--01020--006 ♦♦55.00

22 MAR 17 11:31:12

T. MATTHEWS

MAR 17 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SECOYA IP I, 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:

Becky Greenfield

Name of Person

Wolfe Pincavage, LLP

Firm/Company

7800 SW 57th Avenue, Suite 217

Address

Miami, Florida 33143

City/State and Zip Code

dominicjosephsirianni@gmail.com

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

For further information concerning this matter, please call:

Becky Greenfield

Name of Person

at (786)

Area Code

409-0803

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 FEB - 11 3:12

SECOYA IP I, 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 February 15, 2022 and assigned
Florida document number L22000075711.

This amendment is submitted to amend the following:

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

N/A

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:

4620 NORTH STATE ROAD 7, SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

LAUDERDALE LAKES, FL 33319

Enter new mailing address, if applicable:

4620 NORTH STATE ROAD 7, SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

LAUDERDALE LAKES, FL 33319

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:

N/A

New Registered Office Address:

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 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 = Manager

AMBR = Authorized Member

[illegible]

[illegible]

If the record 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 record is filed.

Dated March 1, 2022

Signature of a member or authorized representative of a member

DOMINIC SIRIANNI

Typed or printed name of signee

Filing Fee: \$25.00