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## **COVER LETTER**

	egistration Sec vision of Corp				
eup ir ca		apital Management, LLC			
SUBJECT	;	Name of Limi	ted Liability Company		•
The enclose	ed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
		ndence concerning this matter t			
		Jay Foard			
		<del></del>	Name of Person		
	Sycamore Capital Management, LLC				
			Firm/Company		
		68 Cumberland Island Circ	le		
			Address		:
		Ponte Vedra, FL 32081			- 0; - 2
			City/State and Zip Code		·
		jay.foard@sycamorecapitalr	ngmt.com		_
		E-mail address: (t	o be used for future annual r	report notification)	
For further	information c	oncerning this matter, please ca	all:		
Jay Foard			561 945	5-2322	
	Name o	f Person	Area Code	Daytime Telephone Num	ber
Enclosed i	is a check for t	he following amount:			
	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certif.  Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
F I I	Mailing Addre Registration Division of ( P.O. Box 63: Tallahassec.	Section Corporations 27	Divisio The Ce	ddress: ation Section on of Corporations entre of Tallahassee J. Monroe Street, Suit	c 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sycamore Capital Management	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	nears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23000161129</u>	04/01/2023 and assigned
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	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	1
Enter new mailing address, if applicable:	- Hart
Mailing address MAY BE A POST OFFICE BOX)	
	55
B. If amending the registered agent and/or registered office address on ou 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
ΛΡ	Jay Foard	68 Cumberland Island Circle, Ponte Vedra, FL 3208	<b>⊡</b> Add
			□Remove
			□Change
AP	Connor Fourd	68 Cumberland Island Circle, Ponte Vedra, FL 3208	🗆 Add
			<b>≣</b> Remove
			□Add
			_ □Remove
			 Ghange
			⊡Add
			 □Remove
			Change
			(Add
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			Change
			□Add
			□Remove
			Change

			200
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Dep	e specific and cannot be prior to date of the does not meet the applicable statu	Sling or more than 90 days after	ional? rr filing.) Pursuant to 605 is date will not be liste
ecord specifies a delayed effective of is filed.	date, but not an effective time, at 12	:01 a.m. on the earlier of: (	b) The 90th day afte
July 11th	2023		
41 PT L	,		

Filing Fee: \$25.00