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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYRZ 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:

Adil Zidovhia
Name of Person
SYRZ LLC
Firm/Company
9733 Meadow Field Cir
Address
Tampa, FL 33626
City/State and Zip Code
azidovhia75@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adil Zidovhia at (727) 776-3273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status
Already Sent This \$30 ☐ \$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

SYRZ LLC

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------------|------------------------------|--|
| <u>MGR</u> | <u>Ibtissam Saadallah</u> | <u>9733 Meadow Field Cir</u> | <input type="checkbox"/> Add |
| | | <u>Tampa, FL 33626</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Youssef Chafik El Ouazzani</u> | <u>9868 Meadow Field Cir</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Tampa, FL 33626</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Adil Zidouchia</u> | <u>9733 Meadow Field Cir</u> | <input type="checkbox"/> Add |
| | | <u>Tampa, FL 33626</u> | <input type="checkbox"/> Remove |
| | | <u>Change Title from</u> | <input checked="" type="checkbox"/> Change |
| | | <u>AMBR to MGR</u> | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Hello, we are removing Ibtissam
we are adding Youssef as MGR
we are changing Adil's Title from AMGR, to MGR

Thank you for your help

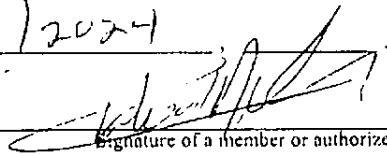
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/13/2024



Signature of a member or authorized representative of a member

Adil Zidouh

Typed or printed name of signer

Filing Fee: \$25.00