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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107

Fax Number

: (561)214-8442

PH 2:57	ENERGY an	the email address for this business on the contract of the con		ire:
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2 n 12 800	DETAIL:	LLC AMND/RESTATE/CORRECT SYKES RE GROUP	$\cdot$ $\varphi$	7 J. J.

annual	report	mailings.	Enter	only	one	email	address	please.**	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SYKES RE GROUP LLC

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MAY 29 2024

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sykes RE Group LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co.	mpany were filed on 05/13/2024	and assigned
Florida document number L24000213149		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(muning undress MAT BE AT OST OFFICE BOX)		
		22 22
B. If amending the registered agent and/or registered (		
B. It amending the registered agent and/or registered of a supplied the new registered office address here:	office address on our records, enter the na	U-10-T-
agent and or the new registered office address here.		28
		PR TH
Name of New Registered Agent:		
New Registered Office Address:		. Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω
Her Registred Office Address.	Enter Florida street address	m &
	, Florida	
<del></del>	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, enter the title, 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
MGR	DONNIE PINGARO	10837 GARDEN RIDGE CT	🗆 Add
		DAVIE, FL 33328	≣Remove
			□Change
MGR	DON GERARD PINGARO II	10837 GARDEN RIDGE CT	■Add
		DAVIE, FL 33328	🗇 Remove
			Change
			□Add
			□Remove
			Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applic	able statutory fili	(option nore than 90 days after fi ng requirements, this c	al) ling.) Pursuant to 605.0207 (3)( late will not be listed as the
If the record specifies a delayed effect record is filed.	live date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dated May 28th		2024			
		The ZL	<u> </u>	e of a member	<del></del>

Filing Fee: \$25.00

Typed or printed name of signee