

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000025470 3)))



H250000254703ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHERCY MULTISERVICE L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SSOS TS NAL

ij

()

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

To:

18506176383 2025-01-23 07:05:42 UTC+14 . TO ARTICLES OF ORGANIZATION OF

Shercy Multiservice L.L.C.	C	*
	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/16/2024	and assigned
florida document number 1.24000520097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Syla Market L.L.C.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	2
		125.
B. If amending the registered agent and/or register		enter the name of the n
registered agent and/or the new registered office addres	<u>ss here</u> :	79
		PH 12:
Name of New Registered Agent:		
Nam Danietarad Office Address.		N O
New Registered Office Address:	Enter Florida street address	Section is seen a second to be a sec
	, Flori	da
	City	Lin 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sherwaine Pierre	4582 Arthur Street Palm Beach Gardens, FL 3341	
			☐ Remove
		-	Change
			☐ Remove
			Change
			Add
			□ Remove
		······································	□ Change
Anticolomber (18 of 14 centiles at them			
			☐ Remove
		, 	Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

ъ. нян , ,	Page: 4 of 4	2025-01-23 07:05:42 UTC÷14 nation, enter enange(s) nere: (Anacer e	18506176383 наанионаі хнесіх, ў неселкапу.)	From: ZenBusiness
		· · · · · · · · · · · · · · · · · · ·		
				
				
Note	$oxed{u}$ If the date inserted in this $oxed{u}$	te date of filing: ust be specific and cannot be prior to date of filing block does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing.) Pursus y filing requirements, this date will no	unt to 605,0207 (3)(b) If be listed as the
If the ro (b) Th	ecord specifies a delayers se 90th day after the re	ed effective date, but not an effec cord is filed.	tive time, at 12:01 a.m. on th	e earlier of:
Date	d January 22	2025		
	/s/ Gainey Otalus			
		Signature of a member or authorized represe	nlative of a member	
	Gaincy Otalus	Typed or printed name of sig		

Page 3 of 3

Filing Fee: \$25.00