## M1900000 8186

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Corporations	
SUBJECT: SYCA LLC Name of Foreign Limite	
Name of Foreign Limite	d Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Steven Yurman Name of Person	
SYCA LLC Firm/Company	
7773 Quida Drive	<u></u>
Wist Palm Brach, 17 3341 City/State and Zip Code	
SCIC (1906 & 9 mail. Com E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please c	all:
	a Code & Daytime Telephone Number
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
2	: Filing Fee & □ \$60 Filing Fee, ified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida Department of	
State: SYCA, LLC	<u> </u>	<del></del>
Enter new principal office address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14()   The Peters ( T.C.	411
2. The Florida document number of this limited lia	ability company is: MIGOODE 818	<u>,6</u>
3. Jurisdiction of its organization:	August 22, 2019 changes) st contain "Limited Liability Company," "L.L.	C" or "LLC.")
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(	maging members adopting the alternate name. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The alternate mame
6. If amending the registered agent and/or registere registered agent and/or the new registered office as Name of New Registered Agent:  New Registered Office Address:	red officer address on our records, <u>enter the nam</u> address here:	ie of the new
Name of New Registered Agent:  New Registered Office Address:	Enter Florida Street Addres	103 103 8
	, Florida	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	ent and agree to act in this capacity. I further ag r and complete performance of my duties, and I tered agent as provided for in Chapter 605, F.S r in the registered office address, I herchy comb	am familiar with = S. Or, if this

itle/ Capacity	Name	Address Ty	pe of Actio
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aforemention	under the law of which this entity is or	by the official having custody of records in the	Remodel MAY 11 AM 11: 08

Filing Fee: \$25.00