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(Re	equestor's Name)	
(Ac	idress)	
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, (Ci	ty/State/Zip/Phone	e #)
	_	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Synergy	Commodities ded Liability Company	es 6 roup Ll
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yaisy Vazave 601 Bii	City/State and Zip Code	#702 L
	E-mail address:)(t	o be used for future annual report notificati	ion)
For further information c	oncerning this matter, please c	all:	
Cisy Name o	Linanes f Person	at (365) 37 \ . 870 Area Code & Daytime Te	DG J elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Hiability Compa	ny as it how appears on Liability Company)	600 UC.
The Articles of Organization for this Limited Liability Company Florida document number <u>LVB 0000 6049</u> .7	4	j
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	# 621	Attantic Blvd ings, F1 33071
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9100 W. #621 Coral Sq	Atlantic Blyd prings, Fl 3307
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Slorida street address
		, Florida
	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 608, 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.

6 F 1			
	the Managers or Managing Members of Member being added or removed from	n our records, enter the title, name, and addres	s of each Manager
MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cerardo A. Vazouez	601 Brickell Kay Or #702 Wilami, Fl 33131	Add
1 <u>6RM</u>	Maria Elena andrad	9100 W. attactic Blu le #621 Coral Springs, Fl 33	Add Remove
<u> PUH</u>	Pedio Gamboa	9100 W. Atlantic Blod Coral Springs, F133	Add Remove
			Add Remove
			Add Remove
			Add

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. .	act a land
Dated _	- OCT
	x .
	Signature of a member or autilibrized representative of a member
	gerardo H. Vazovez/
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00