L02000/10405

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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 2 9 2018

COVER LETTER

		egistration Section ivision of Corporations						
SUBJEC	The Synergy Group, LLC							
SUBJEC	'	Name of Limited Liability Company						
	,							
The enclo	sed Articl	es of Amendment and fee(s) are submitted for filing.						
Please ret	urn all coi	rrespondence concerning this matter to the following:						
		David Schmidt						
		Name of Person						
	Simon and Schmidt							
		Firm/Company						
766 SE 5th Avenue								
		Address						
		Delray Beach, FL 33483						
		City/State and Zip Code						
For furthe David Sc		charetos@gmail.com E-mail address: (to be used for future annual report notification)						
For furthe	r informa	tion concerning this matter, please call:						
David Sc		561 278-2601						
	N'	at () Tame of Person Area Code Daytime Telephone Number						
Enclosed	is a check	for the following amount:						
\$25.0	0 Filing F	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) 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

The Synergy Group, LLC						
(Name of the Lim	ted Liability Compa (A Florida Limited I	nv as it now appears on our lability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 105/28/2002 Florida document number L02000016405				_ and assigned		
his amendment is submitted to amend the fol	lowing:					
If amending name, enter the new name of	of the limited liab	ility company here:				
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation	on <u></u>		
nter new principal offices address, if appli	766 SE 5th Avenue		A A			
(Principal office address MUST BE A STREET ADDRESS)		Delray Beach, FL 33483		~ 유·		
				- 57 - 52 - 52 - 52 - 52 - 52 - 52 - 52		
nter new mailing address, if applicable:		766 SE 5th Avenue		AH 10: 4		
Mailing address MAY BE A POST OFFICE	BOX)	Delray Beach, FL 33483		0 %		
. If amending the registered agent and gistered agent and/or the new registered of	~		ecords, enter the na	ame of the		
Name of New Registered Agent: David Schmidt						
New Registered Office Address:						
		Enter Florida street address				
	Delray Beach,		_, Florida <u>33483</u>			
		City	Zip C	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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reffective date is	other than the date o listed, the date must be spec- nserted in this block doc	aific and cannot be present meet the port	rior to date of filing o	r more than 90 days at	fter filing.) Pursuant t bie date will not b	o 605,0:	20°
	ve date on the Departme			ing requirement,			•
record speci	fies a delayed effec	tive date, but	not an effective	e time, at 12:01	La.m. on the e	arlier	- 0
he 90th day	after the record is						
ted	May 22	2018	•				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00