# 10400002172

(Requestor's Name)
(Address)
(100-23)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

Corporate :	Synergies, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Delmar Huff			
	Corportae One FCU	Name of Person		
			<u></u>	
	8700 Orion Place	Firm/Company		T 7 22 1
	Columbus, Ohio 43240	Address		777110
		City/State and Zip Code	,	0
	E-mail address: (	to be used for future annual report notific	cation)	
For turther information of	concerning this matter, please c	all:		
Delmar Huff		614 825-9338		
Name o	of Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for t	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 St Certified Copy (additional copy is of	atus &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 Lia	ability Company as it now appears on our recor orida Limited Liability Company)	rds.)
(A FIC	orida Elimited Elabitity Company)	
he Articles of Organization for this Limited Liabilit	y Company were filed on 03/23/2004	and assigned
lorida document number L04000022172	·	
This amendment is submitted to amend the following	<u>;</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
Sherpa Technologies, LLC		. تحج
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	N/A	المستدر أن
Principal office address MUST BE A STREET AD	ODRESS)	3 m
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		=======================================
Enter new mailing address, if applicable:	N/A	0
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or re		ds, enter the name of the
egistered agent and/or the new registered office a	ddress here:	
<b>N</b> //		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addre	205
	,F	lorida
<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 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lee Butke	PO Box 2770 Columbus, Ohio 43216	Add
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			☐ Change
			Add
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		~	Change
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	be specific and cannot be prior to date of k does not meet the applicable statu		ing.) Pursuant to 605.0
ecord specifies a delayed e e 90th day after the recor	effective date, but not an eff d is filed.	ective time, at 12:01 a.r	n, on the earlier
October 4	2018		
Meliosa C	<b>\</b>		

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Filing Fee: \$25.00