

L06000042481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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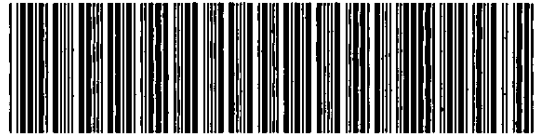
Special Instructions to Filing Officer:

**A. LUNT**

AUG 19 2008

**EXAMINER**

Office Use Only



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07/31/08--01009--029 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 18 P 1:51

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2008

HECTOR RAUL GOMEZ  
170 SE 14TH STREET SUITE 2508  
MIAMI, FL 33131

SUBJECT: SYNERGY TRUST LLC  
Ref. Number: L06000042481

2008 AUG 18 P 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for SYNERGY TRUST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 208A00044251

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Synergy Trust, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Raul Gomez

(Name of Person)

Synergy Trust, LLC

(Firm/Company)

170 SE 14th Street Suite 2508

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Raul Gomez

(Name of Person)

at ( 305 ) 710-6884

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG 18 P 1:57

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Synergy Trust, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/25/2006 and assigned  
Florida document number L06000042481.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

170 SE 14th Street Suite 2508 Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

170 SE 14th Street Suite 2508 Miami, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Hector Raul Gomez

New Registered Office Address:

170 SE 14th Street Suite 2508

(Enter Florida street address)

Miami

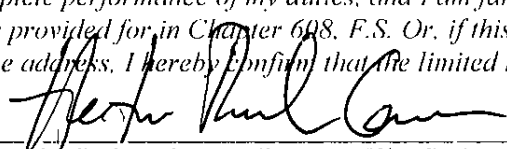
(City)

, Florida 33131

(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.*

  
(If Changing Registered Agent, Signature of New Registered Agent)

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hector Raul Gomez	170 SE 14th Street Suite 2508 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Livio J Martinengo	170 SE 14th Street Suite 2508 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Peter Nelson Padilla	170 SE 14th Street Suite 2508 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Juan J Tascon	170 SE 14th Street Suite 2508 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Luis E Woolley	170 SE 14th Street Suite 2508 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

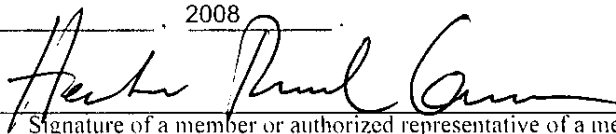
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated July 28, 2008



Signature of a member or authorized representative of a member

Hector Raul Gomez

Typed or printed name of signee