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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
. (Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
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2012 NOV -8 PM 4: 57
SECRETARY OF STATE
AND ANSSEE, FLORIDA



J. BRYAN

NOV -9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2012

SWATHI NETTEM
SYNERGY TECHNOLOGIES, LLC
9600 W SAMPLE ROAD, SUITE #402
CORAL SPRINGS, FL 33065

SUBJECT: SYNERGY TECHNOLOGIES, LLC

Ref. Number: L06000057078



We have received your document for SYNERGY TECHNOLOGIES, 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.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00026403

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synergy Techr	nologies, LLC	;	<u></u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	06/05/2006	and assigne	:d
Florida document number <u>L06000057078</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liah</u>	oility company he	re:		
The new name must be distinguishable and end with the words "Limi	ited Liability Comp	ony " the decignation	"I I C" or the abbre	wistion
*L.L.C."	ned Liability Comp	ary, the designation		, v idiioi:
Enter new principal offices address, if applicable:	9600 W Sam	ple Road	ZELZ NOV SEDREI TALLANI	
(Principal office address MUST BE A STREET ADDRESS)	Suite # 402		220 0	
	Coral Spring	s, FL 33065	AS &	
			F 2	
Enter new mailing address, if applicable:	Same as Ab	ove	العبر الإن أشوا	
(Mailing address MAY BE A POST OFFICE BOX)			: 51	
	 		<i>></i>	
B. If amending the registered agent and/or registered of		our records, <u>enter</u>	the name of th	<u>e nev</u>
registered agent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:		,		
New Registered Office Address:				
·	E	nter Florida street aa	idress	
		, 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.

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>	Address	Type of Action
MGRM .	Swathi Nettem	9600 W Sample Road, Suite # 402 Coral Springs, FL 33065	Add ☐ Remove
MGR_	Rajesh Nettem	9600 W Sample Road Suite # 402 Coral Springs, FL 33065	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	FILED
Dated	23rd October , 20	or authorized representative of a member	
-	•	ATHI NETTEM or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00