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SEGRETARY OF STATE
TALLAHASSEE FINDBIA

T. CLINE

JAN. - 3 7013

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT: Dery	PO Viera Re Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Jasel Loza	Name of Person	<u></u>	
		name of Person		
		Firm/Company		
	1564 Beech	wood Trail		
		Address		
	Fort My	1FS , FL 33919	····	
	J. 102 As	City/State and Zip Code		
	E-mail address: (to	be used for future annual report notification	20 TAL	
For further information co	oncerning this matter, please ca	ill:	III DEC 31 SECRETARY LLAHASSE	*
		at ()		
Name of Enclosed is a check for the		Area Code & Daytime Telep	shone Number E.F. STATE	
□ \$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

Denpo & Viera Rea	Hy Group LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{6}{27}$ $\frac{1}{2006}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Syneray Property Group Limithe new name must be distinguishable and end with the words "Limi	LC .
The new name must be distinguishable and end with the words "Limi L.L.C."	
Enter new principal offices address, if applicable:	Fort Myers, FL 33919
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33919
Enter new mailing address, if applicable:	6214 Presidential et suite B
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33919
	ALL.
B. If amending the registered agent and/or registered of	fice address on our records, enter the mame of the new
registered agent and/or the new registered office address her	e: SR W
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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.

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
		 	Remove	
			Add	
			Remove	
	·			
			Remove	
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			AHETA Remove	
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			Add Add	
			Remove	
				
			Add	
		·	Remove	

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Date	d December 27, 2012.
	- Asrun
	Signature of a member or authorized representative of a member
	Tasic LozAno Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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