

LO7000069291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

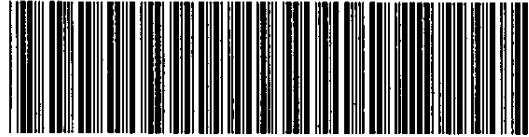
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAY 04 2016

S MASON

TACTICAL PARACHUTING OPERATIONS

02/2016

247 SW 8th ST PMB 109

Miami, FL 33136

Phone: 772-9135401

Fax: +1 (305) 285 7880

E-mail: info@freerystore.com

From: Francisco Neri

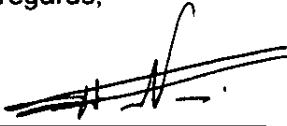
To: Department of State, Division of Corporations.

Reference: ***TACTICAL PARACHUTING OPERATIONS*** / Articles

Dear Sir,

Good day my name is Francisco Neri, owner and managing member of *actical Parachuting Operations* LLC, we would to take this opportunity to respectfully request a certified copy of our company articles of incorporation, and here with we enclose a check for \$5 made out to the Department of State, for the processing of this request.

Best regards,



TACTICAL PARACHUTING OPERATIONS

Francisco Neri

COVER LETTER

**TO: Registration Section
Division of Corporations**

Total Synergy Group LLC

SUBJECT: _____
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:

Francisco Neri

Name of Person

Tactical Parachuting Operations

Firm/Company

247 SW 8th ST #109

Address

Miami FL 33130

City/State and Zip Code

fn@freeflystore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco Neri

772

9135401

at (_____) _____

Name of Person

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

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

Total Synergy Group 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 06/28/2007 and assigned
Florida document number L07000069291.

This amendment is submitted to amend the following:

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

Tactical Parachuting Operations LLC

The new name must be distinguishable and contain 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)

247 SW 8th ST #109

Miami FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

247 SW 8th ST #109

Miami FL 33130

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: _____

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Francisco Neri	247 SW 8th ST #109 Miami FL 33	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TAMMISSEI FLORIDA

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there is some faint, illegible handwriting, possibly from a previous page or a header. The rest of the page is blank except for the lines.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/29/2016

Signature of a member or authorized representative of a member

Francisco Neri

Typed or printed name of signee

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TALLAHASSEE FLORIDA