NO. 2584

Page lof:

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001537513)))



H130001537513ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

ax Number : (727)443-5529

**Enter the email address for this business entity to be used for Enture, annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SYNERGISTIC PROPERTIES, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 01

 Estimated Charge
 \$25.00

RECEIVED

13 JUL -9 PM 2: 47

SECRETARY OF STATE
ALAHASSEE. FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SYMEDOLOTIC PRODUCTION LLD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STNERGISTIC PROPERTIES, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>(s.</u>)		
The Articles of Organization for this Limited Liability Company were filed on 09/06/2007 and assigned Florida document number L07000090921				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designs	tion "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		€ ₹		
(Principal office address MUST BE A STREET ADDRESS)		FE 3		
		美麗 鳥 川		
Enter new mailing address, if applicable:		SSEE.		
(Mailing address MAY BE A POST OFFICE BOX)		T GO PRESENT		
		APA 3		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
	, Flori			
	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

MGR = Manager

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:

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address Type of Action		
MGRM	JEFFREY G. SHURTLEFF	3550 BUSCHWOOD DRIVE, SUITE 200		
		TAMPA, FL 33618		
MGRM	HUMAID AL-MASAOOD	3550 BUSCHWOOD DRIVE, SUITE 200		
		TAMPA, FL 33618 Remove		
MGR	HJ MANAGEMENT OF TAMPA, L.L.C.	275 BAYSHORE BLVD., UNIT 1405 🕢 Add		
	•	TAMPA, FL 33606		
		SECRE ALLIAHA		
		SE Add From Rentove		
		ST 35 ST		
		Add		
		Add		
		Remove		

D.	If amer	iding any other information, enter change(s) here: (At	tach additional sheets, if necessary.)	
	_			
	_			
	_			
Da	ted	July 9 2013		
		Caller South	2	
Signatur bl'a member or authorized representative of a member				
		JEFFREY G. SHURTLEFF		
Typed or printed name of signee			of signee	

Page 3 of 3

Filing Fee: \$25.00

13 JUL -9 AM 8: 35