

L67000126681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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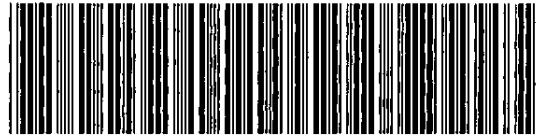
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
OCT - 7 2008  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Synergex-US, 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:

Donald D. Hudson  
(Name of Person)

Synergex-US, LLC  
(Firm/Company)

20149 NW 9th Drive  
(Address)

Pembroke Pines, Florida 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Hudson at ( 954 ) 394-9812  
(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**

Synergex-US, 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 December 31, 2007 and assigned  
Florida document number L07000126681.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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:

Tristan Zarate

New Registered Office Address:

6389 Bay Club Drive, Unit 4

*(Enter Florida street address)*

Fort Lauderdale

*(City)*

Florida 33308

*(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	DONALD D. HUDSON	20149 NW 9th Drive Pembroke Pines, Florida 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TRISTAN ZARATE	6389 Bay Club Drive, Unit 4 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Energy Conservation Technology	20149 NW 9th Drive Pembroke Pines, Florida 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chloris Corp.	7400 Corkwood Circle Tamarac, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

Dated

October 1, 2008

Signature of a member or authorized representative of a member

Donald D. Hudson

Typed or printed name of signee

2008 OCT 16 P 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED