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S. YOUNG

SECRETARY OF STATE ALL AHASSEE FLOADS

COVER LETTER

TO: Registration Division of	Corporations .	
	RETIREMENT SYNERGIES GROUP LLC	2
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	FINBAR QUINN, ESQ	
	Name of Person	
	Firm/Company	
	950 BRICKELL BAY DRIVE, 4201	
	Address	TALL TALL
	MIAMI FL 33/31	量電
	City/State and Zip Code BAR QUINN & ME. COM	ECRETARY OF STATE LLAHASSIE, FLORIDA 16 JUN 28 PH 12: 06
	E-mail address: (to be used for future annual report notification)	PHI
For further informati	ion concerning this matter, please call:	CRID CRID
	INBAR QUINN at (917) 951 6154	
Na	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
☑ \$25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) Certified Co (additional copy	f Status & py

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

TO ARTICLES OF ORGANIZATION OF

RETIREMENT SYNE	ERGIE S	GROU	PL	.LC	
(Name of the Limited Liability Compan (A Florida Limited Li					
The Articles of Organization for this Limited Liability Company v Florida document number				∞8 and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil					
RETIREMENT FILE The new name must be distinguishable and contain the words "Limited Liability".	DUCIARY	designation '	$4P_{\rm s}$	e abbreviation "I	1.0"
	950	BRIC	KEL B	AY DRIVE,	4201
(Principal office address MUST BE A STREET ADDRESS)		AMI	F	FL 331	3/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME A	3 ABOV	16 JUN 28	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		on our rec	ords, <u>ent</u>	er the name	? ? ?
Name of New Registered Agent:		N/A			
New Registered Office Address:	Enter F	N A lorida street a	ddress		
	, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an efi Note:	tive date, if other than the date of filing: (optional) fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	0207 (3)(b) d as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90 th day after the record is filed.	r of:
Dated	July 20, 2016 Juestien E. Julium Signature of a member or authorized representative of a, member	
	Signature of a member or authorized representative of a member	
	FINBAR E. QUINN	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00 - Enclose of Here with