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(Re	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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A BOLE

COVER LETTER

TO:	Registration Sec Division of Corp	tion ocrations		
	Synerprise	Insurance Group, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Carmen Vargas		
			Name of Person	
		Synerprise Insurance Gro		
			Firm/Company	
12320 Race Track Road				
		Tampa, FL 33626		
		carmen@enterpriseinsgrou	City/State and Zip Code ap.com	
		E-mail address: (to be used for future annual report notification)	20:
For fu	irther information co	oncerning this matter, please co	all;	
Carr	nen Vargas		813 448-9222 at ()	2019 15.18 23
	Name of	f Person	Area Code Daytime Telephone No	
Enclo	osed is a check for th	e following amount:		<u> </u>
■ S	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy (itional 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

TO ARTICLES OF ORGANIZATION OF

Synerprise Insurance 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 _ ____ and assigned 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR M	Alex Gonzalez	12320 Race Track Road	_□ Add
		Tampa FL 33626	
			Remove
			Change
MGR	Elizabeth Vargas	12320 Race Track Road	
M			= Add
		Tampa FL 33626	Remove
			Change
			Add
			57 □Remove
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	04-01-2019		3.5
e: If the date inserted in this block ument's effective date on the Department	e specific and cannot be prior to date of c does not meet the applicable stati artment of State's records.	utory filing requirements, this	iling.) Pursuant to 605 date will not be list
record specifies a delayed e he 90th day after the recor	ffective date, but not an eff d is filed.	fective time, at 12:01 a	m. on the earli
March 28	2019		
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Filing Fee: \$25.00