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05/21/10--01020--003 **30.00

10 MAY 21 PH 1: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co	rporations ,						
SUBJECT:	Applied Mech	anical Solutions,LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		Name of Person					
	Synergy Air, LLC						
	6441 Metro Plantation Road						
Address							
	Fort Myers/FL 33966 City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please o		non)				
	Brett Wolf	at (239) 70	07-4089				
Name of Person		Arca Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIEI Registration Section	R ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Applied Mechanical Solutions, 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 L Florida document number L09000078		were filed on	8/14/09	and assigned			
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liab	ility company here	:				
	Synergy A						
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applic	6441 Metro Plantation Road						
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FI	33966				
Enter new mailing address, if applicable:		6441 Metro Pla	antation Road				
(Mailing address MAY BE A POST OFFICE	Fort Myers, FI 33966						
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	•		ır records, <u>enter t</u>	he name of the nev			
New Registered Office Address:	6441 Metro	Plantation Road					
	F	Ente Fort Myers City	er Florida street add , Florida	783 2 2 3 3 3 3 3 5 6 5 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
New Registered Agent's Signature, if changing				: 43 PATE			
I hereby accept the appointment as registered	ed agent and agr	ee to act in this cap	pacity. I further agr	ee 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> **Address** MGR **Brett Wolf** 2875 Palm Beach Blvd #C602 ☐ Add Fort Myers, Fl 33916 Remove Brett Wolf MGRM 6441 Metro Plantation Road ✓ Add Remove Fort Myers, Fl 33966 MGRM Michael Clark 6441 Metro Plantation Road ✓ Add Fort Myers, Fl 33966 ☐ Remove □Add Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Brett Wolf
Typed or printed name of signee