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Division of Corporations

Fax Number : (850) 617-6383

L. SELLERS

From:

Phone Fax Number

: (305)416-6800 : (305)416-6811

Account Name : AGI REGISTERED AGENTS, EXAMINER

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COVER LETTER

ro:	Registration Sec Division of Corp			
SUВЛ	ecr:	CYNERG	I CAPITAL, LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	unitted for filing.	
Picase	return ali correspor	ndence concerning this matter	to the following:	
			Diane M. Hernandez	,
			Name of Person	
			Adams Gallinar, P.A.	
			Firm/Company	
		1000	Brickell Avenue, Suite 300	
			Address	
		1	Miami, Florida 33131	
	•		City/State and Zip Code	
		dhe	ernandez@agilaw.com	
			to be used for future annual report notifica	lion)
For fur	ther information co	oncerning this matter, please o	all:	
		M. Hernandez		16-6800
	Name of	Person	Area Code & Daytime 1	ејерпопе Митрет
Enclos	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CYNERO	GI CAPITAL, LLC
(Name of the Limited Liability) (A Florida L	Company as it now appears on our records, imited Liability Company)
`	
The Articles of Organization for this Limited Liability Co	ompany were filed onFebruary 4, 2011 and assigned
Florida document numberL11000015620	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
CYNERGI	CAPITAL U.S., LLC
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	
77 / 19 13 19 19	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
7	- <u>-</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
	
Name of New Registered Agent:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
	A'SE
I hereby accept the appointment as registered agent a	ind agree to act in this capacity. I further agree to comply with
the provisions of all statutes relative to the proper and	d complete performance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered	ent as provided for in Chapter 608, F.S. Or, if this document is a loffice address, I hereby confirm that the limited Hability
company has been notified in writing of this change.	THE TO
	Counging Registered Agent, Signature of New Registered Agent:
1	Page 1 of 2
	H11000089585 3

MGR = Manager

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If amending the Managers or Managing Members on our records, enter the title, name, and address or each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action Address <u>Name</u> <u>Title</u> ☑ Add □ Remove 2700 North Miami Avenue MGR Hugo Amaya Suite 208 Miami, Florida 33127 Add Remove □ Add Remove Add 🔲 Remove $\prod Add$ Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 4 2011 Dated_ Signature of a member or authorized representative of a member "Robert R. Adams, Authorized Signatory Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00