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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporation	on o 🥴 rations	*	<b>&amp;</b> %	esta esta esta esta esta esta esta esta	ه <u>ن</u> ه ۲۰ نور ۲۰
SUBJECT:		ance Bands, ted Liability Compa			•
The enclosed Articles of An		•			
		Robert A. Lee			
	Syner	gy Balance Bar		,	
		Firm/Company			
	26	86 Middle Cour	itry Rd.		
		Address			
	La	ake Grove, NY City/State and Zip C		<del></del>	
_	rc	obertaleejr@ao	l.com		
For further information cond		o be used for future an all:	nual report notifica	tion)	
Rober Name of Po	t A. Lee Jr.	at ( <u>516)</u> Area	90 Code & Daytime T	03-6400 Felephone Number	<del></del>
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional c		Certified	te of Status &

### 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

Synergy Balai ( <u>Name of the Limited Liability Con</u> (A Florida Limite	nce Bands, L.L npany as it now appea ed Liability Company)	C ars on our records.)	
The Articles of Organization for this Limited Liability Comparing the Landscape of Comparing Com	any were filed on	06/20/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company he	<u>ere</u> :	
The new name must be distinguishable and end with the words "L" L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		vany," the designation "L	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter th	ne name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		ACC 12
New Registered Office Address:	E	nter Florida street addr	ARR UN TO
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		PA Co

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Tyshiem Jackson	4519 S.E. 16th Place, Unit 9 Cape Coral, FL 33904	Add  Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
			Add Remove
	·		Add Remove
<del></del> .			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			<b>–</b>
_			. <b>_</b>
Dated	7	01/2 .	
		er or authorized representative of a member	
		Robert A. Lee Jr. d or printed name of signee	<del></del>
	-21	•	

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