## L11000074406

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DIVISION OF CORPORATION



## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	Impro S	Synergies LLC			
SOBJECT:		ited Liability Company	<del></del>		
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
		James F. Caplan	·•		
		Name of Person	•		
		Firm/Company	·····		
	5910 North Ocean Boulevard				
		Address			
	Oce	ean Ridge, Florida 33435 City/State and Zip Code	<del></del>		
	jir E-mail address: (	m@jimcaplanlaw.com to be used for future annual report noti	fication)		
For further information	on concerning this matter, please of	call:			
	lames F. Caplan	at (_954_)	914-2647 ne Telephone Number		
1401	ne of reison	Alea Code & Daytin	ie reiephone Number		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

SECRETARY OF STATE

11 AUG -1 PM 2:35

Impro Synergies LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) June 27, 2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000074406 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action			
MGR	James F. Caplan	5910 North Ocean Boulevard Ocean Ridge, Elorida 33435	Add Remove			
MGR_	Simon Gerun	8895 North Military Trail, #101B Palm Beach Gardens, Florida 33410	✓ Add Remove			
MGRM_	Impro Synergies PVT LTD	1st Floor, IT Tower 4, Infocity Gandhi Nagar GU India	□ Add _☑ Remove			
	<del></del>		Add Remove			
			Add Remove			
<del></del>			Add Remove			
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STADIVISION OF CORPORA			
Dated	July 27, 20	or authorized representative of a member	TIONS			
		ames F. Caplan				
	Typed or printed name of signee					

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Filing Fee: \$25.00