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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/16/18

NAME:

XYNERGY FINANCIAL SERVICES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Cor	and assigned	
lorida document number L12000040167	-	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	B
KARGO FACTORING LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	707B South Lafayette st.	• a • -m
Principal office address MUST BE A STREET ADDRE	Shelby, NC 21850	-1:
Trinipa type daness most be a street above		<u></u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	707B South Lafayette st. Shelby, NC 21850	
		,
B. If amending the registered agent and/or registe		enter the name of th
registered agent and/or the new registered office addre	<u>ss nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City, Florie	daZip 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 effice 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
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ective date, if other than the neffective date is listed, the date must	e date of filing:	date of filing or more than 90 da	(optional) ys after filing.) Pursu	ant to 605.0
te: If the date inserted in this blument's effective date on the D	ock does not meet the applical			
record specifies a delayed The 90th day after the rec		an effective time, at 12	:01 a.m. on th	e earlier
October 12	2018			
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Typed or printed name of signee

Filing Fee: \$25.00