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(Address)
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COVER LETTER

TO: Registration Section
Division of Corporations

SYNERGY PERFORMANCE AND FITNESS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC ROMANO

Name of Person

ROMANO LAW GROUP

Firm/Company

1005 LAKE AVENUE

Address

LAKE WORTH, FLORIDA 33460

City/State and Zip Code

eric@romanolawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Destiny Marin

561 533-6700

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 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)

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 PERFORMANCE AND FITNESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liaomity Company)		
The Articles of Organization for this Limited Liability Companies Florida document number L12000120261	y were filed on 09/20/2012	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>~</u>	
)		
Enter new mailing address, if applicable:	စ်ာ မှာ	<u>a</u>	
(Mailing address MAY BE A POST OFFICE BOX)	įti	9 3 17	
	270	9	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		e name of the new	
	_		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street addre	ess	
	Florida	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	uplete performance of my duties, and I an s provided for in Chapter 608, F.S. Or, if	n familiar with and this document is	
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** 342 PIKE ROAD #24 BANIONIS, LISA MGR WEST PALM BEACH, FL 33411 Remove Remove Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_ Seed Se	eptember \\ 2013
ated	Gash a Variable
	Signature of a member of authorized representative of a member CHRISTY VANNESS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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