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COVER LETTER

TO: Registration Section **Division of Corporations**

SYNERGY HOUSING DEVELOPMENT SERVICE, LLC

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:

ITORO ETUKS

Name of Person

Firm/Company

P O BOX 771840

CORAL SPRINGS, FL. 33077
City/State and Zip Code

E-mail address 46 be used for future annual report notification)

For further information concerning this matter, please call:

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 HOUSING DEVELOPMENT SERVICE, LLC

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

	10/16/2012	
The Articles of Organization for this Limited Liability Company	were filed on 10/16/2012	and assigned
Florida document number L12000131455		37
This amendment is submitted to amend the following:		
A Transaction and the Call Police Living		
A. If amending name, enter the new name of the limited liab	olity company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation "LI	.C" or the abbreviation
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 of	ffice address on our records enter th	e name of the new
registered agent and/or the new registered office address her		e name or the new
	_	
Name of New Registered Agent:		
The of the Aregus of the Control of		<u> </u>
New Registered Office Address:	Enter Florida street addre	000
	Enter Florida street adard	ess
		
	City	Zip 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 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, 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	Address	Type of Action
MGR	TROKEE GROUP, LLC	P O BOX 771840	Add
		CORAL SPRINGS, FL 3307	Remove
MGR	ITORO ETUKS	P O BOX 771840	
		CORAL SPRINGS, FL 3307	
			
			Add
			Remove
			Remove
			- Add
			Remove
			Add
			Remove

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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! <u></u>	· · · · · · · · · · · · · · · · · · ·
	Howstut
	Signature of a member or authorized representative of a member
	ITORO ETUKS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 MAY 17 PM 4: 36