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(Address)			
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Syncronistic Endeavors 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:

Michael S. Weiner

Name of Person

Weiner, Lynne & Thompson, P.A.

Firm/Company

10 SE 1st Avenue, Ste. C

Address

Delray Beach, Florida 33444

City/State and Zip Code

ekolowich@zonelaw.com

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

For further information concerning this matter, please call:

Michael S. Weiner

561₂₆₅ - 2666

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

Syncronistic Endeavors LLC			
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on ida Limited Liability Company)	our records.)	***************************************
The Articles of Organization for this Limited Liabili	ty Company were filed on Januar	y 9, 2013	_ and assigned
Florida document number L1300004666	<u></u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Synchronistic Endeavors LLC			
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," t	the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
<u>(Principal office address MUST BE A STREET AI</u>	DDRESS)	35	22
			
		S	CO
Enter new mailing address, if applicable:		برا الرا الرا	2 - !
(Mailing address MAY BE A POST OFFICE BOX	2	'רדיי	્ય <u>⊸ે</u> ફિંકે/
		0.20	
		<u>ت</u> مد	T) U
B. If amending the registered agent and/or registered agent and/or the new registered office:		ecords, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter F	lorida street addres	<i>'S</i>
_		, Florida	
	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 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 = 1	1 = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Remove	
	·		Add	
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			, I	
			Remove	
			Add	
			Remove	

If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
,	,
ed February 6	2013
X	
	a member or authorized representative of a member
Michael S. Weiner	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

