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COVER LETTER

TO:	Registration Sec Division of Corp		in an in the second sec	
CIID II	Synergy Rei	nts, LLC		
SUBJI	ECI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	_	
Please	return all correspon	ndence concerning this matter	to the following:	
	,	Scott McPhail		
•			Name of Person	
		Florida BC Holdings, LLC		
			Firm/Company	
		3660 Erindale Dr		
			Address	
	81,2%	Valrico, FL 33596	City/State and Zip Code	No. of the same
	• • • • • • • • • • • • • • • • • • • •	(g /	City/State and Zip Code	
		SMcPhail@SynergyEquip.c		•
For fur	rther information co	oncerning this matter, please ca	·	mountain,
Scott l	McPhail		813 530-4742	
	Name of	f Person	at () Area Code Daytin	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synergy Rents, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L13000062441	were filed on <u>04/29/2013</u>	and assig	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbi	eviation "L.L	.C."	_
Enter new principal offices address, if applicable:	3660 Erindale Dr			
(Principal office address MUST BE A STREET ADDRESS)	Valrico, FL 33596			
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)			17	_
B. If amending the registered agent and/or registered of	ffice address on our records, enter t	he name o	HAN frehe	nev
registered agent and/or the new registered office address her		Či →		i M
Name of New Registered Agent:			GD TK	E ALM
New Registered Office Address:		5	tio	_
	Enter Florida street address			
	, Florida	7in Coda		_

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 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 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>	Address	Type of Action
MGR JUAN CARLOS MAS		N CARLOS MAS 2990 Ponce De Leon Blvd	
		Suite 500	□ Remove
		Coral Gables, Fl 33134	Change
MGR	SCOTT MCPHAIL	3660 Erindale Dr	Add
		Valrico, FL 33596	□ Remove
			Change
	 		□ Add
			☐ Remove
			Add Change
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Tective date, if other than	the date of fili	nσ:			_ (optional)	r FLOR	ė.	
an effective date is listed, the date of the date. If the date inserted in the ocument's effective date on the	e must be specific a his block does not	nd cannot be prio meet the appli	cable statutory f	or more than 90 d iling requireme	ays after filing.) I	Pu <u>เริ</u> นิลักt to	615.02 listed	20° as
e record specifies a dela The 90th day after the			ot an effectiv	e time, at 1	2:01 a.m. o	n the ea	arlier	0
March 13th		2017						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00