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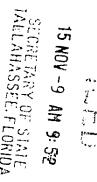
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	Address)
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COVER LETTER

Division of Corp		•		
SUBJECT:	Inca	6 uc		
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Tamm	Y Stern Name of Person		
	Synergy Re	Firm/Company	sudn FL	onda Inc
	2699 Stirli	NO Rd S Address	TE AIO	5
	FORT Lawd	City/State and Zip Code	FL 3	3312
	Tamya E-mail address: (to	Synercy Re o be used for future annual r	report notification	<u>mo. 1</u>
For further information co	oncerning this matter, please ca	11:	ŧ 	
Tammy Su Name of	Person	at (964) Area Code	321 - 89 Daytime Telep	Number
Enclosed is a check for th	e following amount:		1	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	ļ	□ \$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**

工人	1CA (o LLC		_	
(<u>Name of the Limited Li</u> (A F	ability Company lorida Limited Lia	as it now appears on or bility Company)	ir records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L 13000 (02.15</u>) This amendment is submitted to amend the followin A. If amending name, enter the new name of the	9g:		118/2019	3_ and assign	ed
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designat	ion "LLC" or the al	breviation "L.L.C.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Enter new principal offices address, if applicable:		589 Willow Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Cedamurst NY 11516			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>		589 W Cetachus	1 KN të	15the 15the 15the	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi address here:	ce address on our	records, <u>enter</u>	E OF	the new
Name of New Registered Agent:				9: 5 SIA	
New Registered Office Address:	2699	Stirling, Enter Florida str	Rd, S eet address	FE A105	
<u>_1</u>	Fort La	<u>irlerchile</u>	, Florida	3331 Q Zip Code	
New Pegistered Agent's Signature if changing Regis	stered 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

It 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Remove
			Change
			D Add
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o e: If the date inserted in this block does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to iling requirements, this date will not be	605.02 listed
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the ea	rlier
od November 2, 2015. Stamus At		
James 1/2/		
	tive of a member	

Page 3 of 3

Filing Fee: \$25.00