

07/21/2032 05:01

0899 01/00

L13000102242

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000211847 3)))



H140002118473ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

2014 SEP -9 PM 12 00
RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

RECEIVED

14 SEP -9 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SYNTECH ENTERPRISES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 10 2014

A. LUTTI

ARTICLES OF AMENDMENT **H14000211847**
TO
ARTICLES OF ORGANIZATION
OF

Syntech Enterprises, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/18/2013 and assigned
 Florida document number L13000102242

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8132 NW 164 terr.
MALEAH, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8132 NW 164 terr
MALEAH, FL 33016

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pedro M. Gomez

New Registered Office Address:

8132 NW 164 terr

Enter Florida street address

MALEAH

City

Florida

33016

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 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.

Pedro M. Gomez
 If Changing Registered Agent, Signature of New Registered Agent

H14000211847

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

#14000211847

Title	Name	Address	Type of Action
MGRM	Eusebio A. Leon	2555 NW 75 Ave	<input type="checkbox"/> Add
		Miami, FL 33122	<input checked="" type="checkbox"/> Remove
MGRM	Pedro M. Gomez	8132 NW 164 Terr.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 SEP 19 PM 12:00
RECEIVED
FIDELITY & SECURITY
CORPORATION

FILED

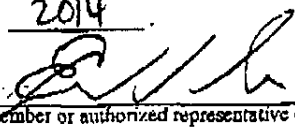
#14000211847

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

H 14000211847

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated September 8, 2014


Signature of a member or authorized representative of a member

Eusebio A. Leon

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

2014 SEP -9 PM 12:00
TALLAHASSEE, FL 32310

H 14000211847