

#L 13000/03535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250211952

08/02/13--01027--016 **60.00

FILED
13 AUG -2 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy of Florida, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Garcia

Name of Person

Synergy of Florida LLC

Firm/Company

8164 Jamestown Dr.

Address

Winter Haven, FL 33884

City/State and Zip Code

synergymechanicalservices@gmail.com

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

For further information concerning this matter, please call:

Ana Garcia

Name of Person

at (863) 221 2291

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|---|

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
13 AUG -2 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Synergy of Florida, LLC

SECOND: The articles of organization or the application to transact business

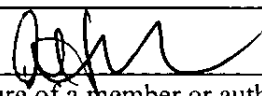
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Name of the Limited Liability Company should be: Synergy Mechanical Services,
LLC; Please add Bradley A Meigs as a MGRM to this Limited Liability Company
address: 4812 Mandolin Ct. Winter Haven, Fl 33884

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: July 29, 2013



Signature of a member or authorized representative of a member

Ana Garcia

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)