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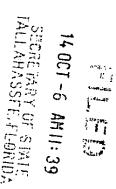
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COVER LETTER

TO:

Registration Section

Division of Corporations

Global Synergy Healthcare, 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:

Pia Obando-Martinez or Alfonso Martinez

Name of Person

Global Synergy Healthcare LLC

Firm/Company

3751 Sorrel Vine Drive

Address

Wesley Chapel, Florida 33544

City/State and Zip Code

Alfonso1844@gmail.com

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

For further information concerning this matter, please call:

Alfonso Martinez

646 872-5843

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

| | y Healthcare, LLC. | | |
|---|--|--|--------------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liab Florida document number L13000125312 | oility Company were filed on 08-26-2013 | and assigne | :d |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of the | he limited liability company here: | | |
| Global Synergy Healthcare LLC | | | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C | |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>ente</u> ce <u>address here</u> : | er the name of t | he new |
| | | <u>≓</u> >(a . | |
| Name of New Registered Agent: | The state of the s | | |
| New Registered Office Address: | | | 5 % |
| | Enter Florida street address | ARY ARY | disease d |
| | , Florida | To A | n i |
| New Registered Agent's Signature, if changing Reg | , , , , , , , , , , , , , , , , , , , | 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Area Land |
| provisions of all statutes relative to the proper accept the obligations of my position as registe | agent and agree to act in this capacity. I further and complete performance of my duties, and I are ered agent as provided for in Chapter 605, F.S. Cogistered office address, I hereby confirm that the | agree to comply w n familiar with an Dr, if this documen | nd |
| company has oeen noujtea in writing of this ch | unge. | | |

| 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 | | | | |
| <u>Title</u> | Name | Address | Type of Action | |
| | | | Add | |
| | | | Remove | |
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| If amending any other information, enter change(s) here | : (Attach additional sheets, if necessary.) |
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| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or fil the date this document is filed by the Florida Department of State) | (optional) ed date and cannot be more than 90 days after |
| September 29 2014 | |
| Pia Obando Martinez | _• |
| Signature of a member or autho | rized representative of a member |
| Pia Obando-Martinez | |
| Typed or printer | d name of signee |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSPE FI