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COVER LETTER

| TO: Registration Se Division of Cor | | , | : | |
|--|---|---------------------------------------|--------------------------------------|----------------------------|
| Synthetic F | Fiber Group, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | - |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | John W Lentz VII | | | |
| | | Name of Person | | - |
| | Strategic Wealth Group | | | |
| | | Firm/Company | | |
| | 401 E Virginia St | | | |
| | Synthetic Fiber Group, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. an all correspondence concerning this matter to the following: John W Lentz VII Name of Person Strategic Wealth Group Firm/Company 401 E Virginia St Address Tallahassee, FL, 32301 City/State and Zip Code johnlentz.swa@comcast.net E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Intz VII Name of Person 1850 Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) | | | |
| | Tallahassee, FL, 32301 | | | |
| | | City/State and Zip Code | | |
| | _ | | <u>.</u> | _ |
| For further information c | | · | notification) | |
| John W Lentz VII | ω . <u>.</u> | | 5 | |
| Name o | f Person | at () | | her |
| | | , d. | relephone (van) | : |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | - | Certified Copy | Certif Certif | icate of Status & icd Copy |
| Mailing Addres Registration S | | | _ | |
| Division of C P.O. Box 632 | • | Division of O | Corporations | |
| Tallahassee, | | | of Tallahassee proe Street, Suite | 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| 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 contain 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) Tallahassee, FL 32301 Tallahassee, FL 32301 Tallahassee, FL 32301 | Synthetic Fiber Group, LLC | | | | |
|---|--|---|---|---------------------|-----------------|
| 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Tallahassee, FL 32301 | (Name of the Limi | ted Liability Comp: (A Florida Limited | iny as it now appears on our reco Liability Company) | rds.) | |
| 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Tallahassee, FL 32301 | The Articles of Organization for this Limited Liability Company were filed on 02/27/2014 | | | | |
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Tallahassee, FL 32301 | Florida document number L14000033307 | | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here: Name of New Registered Agent: John W Lentz VII | This amendment is submitted to amend the following | owing: | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here: Name of New Registered Agent: John W Lentz VII | A. If amending name, enter the new name o | f the limited liab | ility company here: | | |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: John W Lentz VII New Registered Office Address: Tallahassee John W Lentz VII New Registered Office Address: Tallahassee Tallahassee Florida 32301 | | | | | |
| Principal office address MUST BE A STREET ADDRESS) Tallahassee, FL 32301 | he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LL | .C" or the abbrev | iation "L.L.C." |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Tallahassee, FL 32301 Tallahassee, | Enter new principal offices address, if appli | cable: | 401 E Virginia St | | 20 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Tallahassee, FL 32301 Tallahassee, | Principal office address MUST BE A STREE | ET ADDRESS) | Tallahassee, FL 32301 | # 44 400 4400 | 24 15 |
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| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Tallahassee, FL 32301 | | | | 127 11-4 11-5 | (T) |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Address Address | Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 401 E Virginia St | | 골 |
| Name of New Registered Agent: New Registered Office Address: Value | | | Tallahassee, FL 32301 | ·: I S | ·: |
| Name of New Registered Agent: New Registered Office Address: Variable John W Lentz VII | | | | | |
| Enter Florida street address Tallahassee, Florida 32301 | gent and/or the new registered office addre | ss here: | | r the name of | the new regist |
| Enter Florida street address Tallahassee, Florida 32301 | New Boolston J OSS A 11 | 401 E Virginia | St | | |
| Tallahassee, Florida 32301 | New Registered Office Address: | | | ess | <u> </u> |
| | | Tallahassee | | | |
| | | | City , F | | Zip Code |

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 Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I he eby confirm that the limited liability company has been notified in writing of this change.

> If Changing n. 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 |
|--------------|--------------|------------------------|----------------|
| AMBR | William Katz | 4 MEADOWBROOK LANE | □Add |
| | | OLD WESTBURY, NY 11568 | Remove |
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| fective date, | if other than the | date of filing | ; | | (01 | otional) | |
| ote: If the dat | if other than the is listed, the date must inserted in this bloom | ork does not me | ect the applical | o date of filing or r ble statutory fili | nore than 90 days a | fter filing \ Pursuant | to 605.020 be listed a |
| cument's effe | tive date on the So | partment of St | ate's records. | , | 9 (r | | yo noted a |
| 1- :g | | / | | \ | | | |
| ecora specifie is filed, | a delayed effective | a date, but not a | n effective tin | nd at 12:01 a.m. | on the earlier of: | (b) The 90th da | y after the |
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| ted | | , | _// | / -· | | | |
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| | | Signature of a m | ember or author | hed representativ | e of a member | | |