# L14000075842

(Re	questor's Name)	
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		_ <u>.</u>
(Cit	ty/State/Zip/Phone	e #)
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J. SHAVETS MAY 2 9 2014



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2014

RUTH MCDONALD 1555 WILLIAMSBURG SQ LAKELAND, FL 33803

SUBJECT: SYNERGISTIC TRADING LLC

Ref. Number: L14000075842

We have received your document for SYNERGISTIC TRADING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00011265

## **COVER LETTER**

TO: • Registration Sect Division of Corpo			
	NERGISTIC T	LADING LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ruth Mel	Donald Name of Person	
	Ari thme	Name of Person  [cch, Inc	
		LLIAMSBURG SQ	
	LAKELAN	Address 10, FL 33803	
	rmcdonald E-mail address: (1	City/State and Zip Code  One with metech. Code to be used for future annual report notifications.	Co/n cation)
For further information con	cerning this matter, please ca	all:	
Ruth Mc	Donald	at ( <u>863</u> ) <u>109-104</u> Area Code Daytime	10
Name of F	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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIL ACISTIC	TRADING LLC
(A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
	May a 2214
The Articles of Organization for this Limited Liability Comp	pany were filed on $(AY)$ , $(AY)$ and assigned
Florida document number <u>L14000075842</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "Limited	d 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	(S)
	\$5 S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ार्ट होते । जिल्लामा अपने क्षेत्र के प्रतिकार के प्रतिकार के जिल्ला के प्रतिकार के प्रतिकार के प्रतिकार के प्र जिल्लामा अपने के प्रतिकार
D 10 P 41 P 41 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P	ed office address on our records, enter the name of the ne
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	
registered agent and/or the new registered office address	sucre.
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = A	authorized Member	
Title MGR	Name WANG, HSING-SHIG	Address  33519 CEDAR CREEK LANE Add  LAKE ELSINDRE, CA 92532 Remove
Mar_	WANC, HSING-SHIH	33519 CEDAR CREEK LANE DAdd LAKE ELSINDRE, CA 92532 Remove
		Add  Remove  Remove  Remove
		Add

- III - B	
fective date, if other tha	n the date of filing: (ontional)
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he date this document is filed by	y the Florida Department of State)
he date this document is filed by	y the Florida Department of State)
he date this document is filed by	y the Florida Department of State)  2014  Signature of a member or authorized representative of a member
Affective date, if other that the effective date must be specificated date this document is filed by the Dated MAY 13	the Florida Department of State)  2014

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Filing Fee: \$25.00

STATE SECTION TO SECTION SECTI