

L14000093875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

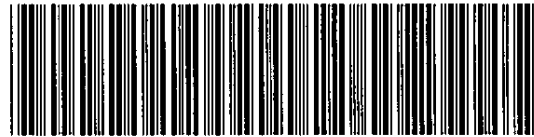
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2014

TAMMINGTON

## COVER LETTER

Attn:

Tammy  
HansonTO: Registration Section  
Division of CorporationsSUBJECT: SYNERGY SPORTS ACADEMY LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALAN R FARINA

(Contact Person)

SYNERGY SPORTS ACADEMY LLC

(Firm/Company)

500 WAY PALM LANE

(Address)

CHULUOTA FL 32766

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN R FARINA

(Name of Contact Person)

at (407) 761-6831

(Area Code &amp; Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

## 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

CR2E079 (2/14)

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

SYNERGY SPORTS ACADEMY 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 6/11/2014 and  
Florida document number 214000093875

This amendment is submitted to amend the following:

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

ONE LIFE HOME CARE LLC

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)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

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:

NO CHANGE

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

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

\_\_\_\_ = Manager

\_\_\_\_ = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEVIN J CROTEAU	420 OSPREY LAKE CIRCLE	<input type="checkbox"/> Add
		CHULUOTA FL 32764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 18<sup>th</sup> 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALAN E. FARINA

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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