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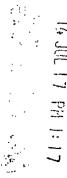
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

CAREER SYNERGIES, 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:

JENNA D PERSONS

Name of Person

STRAYHORN & PERSONS

Firm/Company

2125 FIRST STREET STE 201

Address

FORT MYERS, FL 33901

City/State and Zip Code

JPERSONS@STRAYHORNLAW.COM

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

For further information concerning this matter, please call:

JENNA D PERSONS

,,239<u>,</u>3341260

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

CAREER SYNERGIES, LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	iow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L14000110730	led on 07-14-2014 and assigned
Torida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
CAMPAIGN SYNERGIES, LLC	
The new name must be distinguishable and end with the words "Limited Liability Con-	ipany," the designation "LLC" or the abbreviation "L.L.C."
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)	
	4.
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the ne
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = N $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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antivo date	if other there	the date of fillings	. *		(4:1)
effective date	must be specific,	the date of filing: cannot be prior to date the Florida Department	of receipt or filed o	date and cannot be more	(optional) than 90 days after
ated	July 1	13,	2014.		
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Page 3 of 3

Filing Fee: \$25.00