1400019190

(Re	equestor's Name)	
·		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT,	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



500263734935

09/04/14--01013--003 **30.00

2014 SEP -4 AM D: 04
SECRETARY OF STATE
TALLAHASSEE, FLORID

SEP 1 1 2014 T CLINE

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: SYNE	RGY AUTO DEALS LLC		
Sobret.	Name of Limited Liability Company		
The enclosed Articles of An	nendment and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
	STEEVE VIRGILE		
	Name of Person		
	SYNERGY AUTO DEALS LLC		
	Firm/Company		
	912 NW 110TH Ṣ₹ AVE	2014 SEP -4 SECRETARY FALLAHASS	. موسده
	Address	AR S	
	PLANTATION, FL 33324	ASSE +	[]
	City/State and Zip Code VIRGILEINTERNATIONAL@HOTMAIL.COM	AN D: O4	gen.
	E-mail address: (to be used for future annual report notification)	2	
For further information con-	cerning this matter, please call:	7.7	
STEEVE VIF	RGILE 786, 444-3236		
Name of Po	erson Area Code Daytime Telephone Number		
Enclosed is a check for the t	ollowing amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing	ng Fee,	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNERGY AUTO DEALS LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000119190	Company were filed on 07/29/2014	and assigned
This amendment is submitted to amend the following:	<u></u> .	
A. If amending name, enter the new name of the lin	nited liability company haras	
A. It amending hame, enter the new hame of the till	med habinty company here.	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the aboreviationL.C."
Enter new principal offices address, if applicable:		26
(Principal office address MUST BE A STREET ADD	RESS)	ASS I
		THE PROPERTY OF THE PROPERTY O
		58 5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stand office address on our records on	ton the name of the non
registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţv	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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	DERALUS, FRANTZ	1832 PIERCE DR	
		LAKE WORTH, FL 33460	■ Remove
СМО	HENRI, DICARBA	1832 PIERCE DR	□
		LAKE WORTH, FL 33460	~ '~ Kemove
			RETAR
AMBR	HENRI, DICARBA	1832 PIERCE DR	
		LAKE WORTH, FL 33460	Remove
			_
COO	VIRGILE, STEEVE	912 NW 110TH \$ 4VE	Add
		PLANTATION, FL 33324	_■ Remove
	·		
MGR	VIRGILE, STEEVE	912 NW 110TH ST AVE	_ ■ Add
		PLANTATION, FL 33324	_□ Remove
			_
			_□ Add
			_□ Remove

,			
'		_	
		_	
		<u> </u>	
fective d	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
e effective e date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)		
ıted	4000st 29. 2014.		
_	Signature of a member or authorized representative of a member		_
-	Signature of a member or authorized representative of a member VIRGILE, STEEVE		_
- •	Signature of a member or authorized representative of a member	ump Dans de	1 1
- , -	Signature of a member or authorized representative of a member VIRGILE, STEEVE	SEC.	2014 9
- , -	Signature of a member or authorized representative of a member VIRGILE, STEEVE	SECRET	2014 SEP
-	Signature of a member or authorized representative of a member VIRGILE, STEEVE	SECRETAR	2014 SEP -4

Page 3 of 3

Filing Fee: \$25.00