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J. Givens MAR 04 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYNERGY PRO USA 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:

DEV SHARMA

Name of Person

SYNERGY PRO USA LLC

Firm/Company

510 LANE AVE S

Address

JACKSONVILLE, FL 32254

City/State and Zip Code

DEVKOSAL@GMAIL.COM

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

For further information concerning this matter, please call:

DEV SHARMA

904 2241070
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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 = Authorized Member

<u>Title</u>	<u>Name</u> (CHANGE)	<u>Address</u>	<u>Type of Action</u>
MGR	DEV SHARMA	510 LANE AVE S	<input type="checkbox"/> Add (CHANGE OF NAME)
		JACKSONVILLE, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D.S.
SH

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 _____,



Signature of a member or authorized representative of a member

DEV SHARMA

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

**IN THE CIRCUIT COURT, FOURTH
JUDICIAL CIRCUIT, IN AND FOR
DUVAL COUNTY, FLORIDA**

**CASE NO.: 16-2014-DR-6942-FMXX-MA
DIVISION: FM-E**

**IN RE: The Name Change Of:
ANKUR SHARMA,
Petitioner.**

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

THIS CAUSE came before the Magistrate for a hearing on a Petition for Change of Name (Adult) under section 68.07, Florida Statutes. The Court accepts the Magistrate's proposed findings of fact and conclusions of law and incorporates them by reference into this Final Judgment, and it appearing to the Court that:

1. Petitioner is a bona fide resident of Duval County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the Petitioner's present name, **ANKUR SHARMA**, is hereby changed to **DEV SHARMA**, by which the adult shall hereafter be known.

DONE AND ORDERED in Chambers, at Jacksonville, Duval County, Florida this ____
day of January, 2015.

ORDER ENTERED

FEB 05 2015

/s/ LINDA McCALLUM

CIRCUIT JUDGE

Copies to: Ankur Dharma, 510 Lane Avenue South, Jacksonville, Florida