

15000255385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

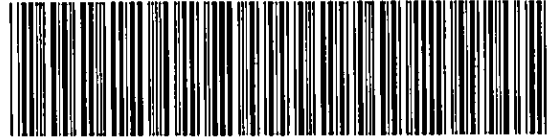
(Business Entity Name)

(Document Number)

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18 DEC -5 AM 8:17
STATE OF ALA
DIVISION OF CORPORATIONS

5280
12/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Synergy Ventures, 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:

Lorie Broussard

Name of Person

New Synergy Ventures LLC

Firm/Company

6406 Blue Bay Circle

Address

Lake Worth FL 33467

City/State and Zip Code

LSBROUSSARD78@gmail.com

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

For further information concerning this matter, please call:

Lorie Broussard

Name of Person

at (561)

Area Code

723-8899

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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

New Synergy Ventures, 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 3/10/15 and assigned
Florida document number L15000055385

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lorie Braussard

New Registered Office Address:

6406 Blue Bay Cir

Enter Florida's street address

Lake Worth

City

Florida

33467

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Arnold A. Braussard	6406 Blue Bay Cir	<input type="checkbox"/> Add
		Lake Worth FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Lorie Braussard	6406 Blue Bay Cir.	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Darryl Gichia-Braussard		<input checked="" type="checkbox"/> Add
		4931 Parkview Drive	<input type="checkbox"/> Remove
		St Cloud, FL	<input type="checkbox"/> Change
		334771-7805	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Danielle Braussard	925 Homer St	<input checked="" type="checkbox"/> Add
		New Orleans LA	<input type="checkbox"/> Remove
		70114	<input type="checkbox"/> Change

18 DEC - 5 AM 8:17
DIVISION OF CORPORATION
ST. LOUIS, MO
11111

18 DEC -5 AM 8:17

THE
Selling Part of a Life
DIVISION OF CORPORATION
18 DEC -5 AM 8:17

11/29/18

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 29 . 2018

Arnold A. Brown
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Arnold A. Broussard
Typed or printed name of signee

Typed or printed name of signee