L1500098284

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp					
		HOMES & INVESTMENTS	LLC			
SUBJI	ЕСТ:	Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		ANDRES F. ALOMIA				
			Name of Person	······································		
		SYNERGY HOMES & IN	VESTMENTS LLC			
			Firm/Company			
		421 ROCK SPRINGS CIR	CLE			
		Address				
		GROVELAND FL 34736				
		AA-ENGINEERING@IEE	City/State and Zip Code E.ORG			
		E-mail address: (to be used for future annual rep	ort notification)		
For fu	rther information co	oncerning this matter, please ca	all:			
AND	RES F. ALOMIA		407 497-4	925		
	Name of	Person	at () Area Code	Daytime Telephone Number		
Enclos	sed is a check for th	e following amount:				
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

Certificate of Status

I certify from the records of this office that SYNERGY HOMES & INVESTMENTS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 04, 2015, effective June 04, 2015.

The document number of this company is L15000098284.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 150609072421-300273646833#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of June, 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNERGY HOMES & INVESTMEN	ITS LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	_	· · ·	
The Articles of Organization for this Limited Liab Elorida document number	pility Company were filed on JUNE 04 2015	a	ınd assi	igned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	he abbrevia	tion "L.I	L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	OX)	jin (j. m (m)	7015	
<u> </u>		2-1	भूग	*****
		3/5	(V)	26131
	registered office address on our records, er	<u>iter the</u>	က name	of the n
registered agent and/or the new registered offic	ce address here:	***** ******	15.	
			qp 2	•.
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address			
	, Florid	a		
	City		p 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>	Address	Type of Action
MGR	ANDRES F. ALOMIA	421 ROCK SPRINGS CIRCLE	🖬 Add
		GROVELAND, FL 34736	☐ Remove
			Change
AMBR	ANDY MARTINEZ	3439 WILSHIRE WAY RD	Add
		ORLANDO, FL 32829	□ Remove
			☐ Change
AMBR	KATHERINE MCCORMICK	421 ROCK SPRINGS CIRCLE	🗖 Add
		GROVELAND, FL 34736	Remove
			Change 1
AP	JEANNETTE MARTINEZ	3439 WILSHIRE WAY RD	Sin
		ORLANDO, FL 32829	Add The Remove
			Change
			Add
			□ Remove
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			Change

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etive date, if other than the date offective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	specific and cannot be p does not meet the app	olicable statutory	g or more than 90 day	(optional)	ant to 605
ecord specifies a delayed ef e 90th day after the record	fective date, but is filed.	not an effect	ive time, at 12	:01 a.m. on th	e earlie
JUNE 10	2015	·			
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Filing Fee: \$25.00