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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR. 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Homewise Solutions 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:

Amanda Khoury
Name of Person
AK 255 Inc
Firm/Company
1052 Truffles Ct.
Address
Apopka, FL 32712
City/State and Zip Code
AK255inc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Khoury at (407) 848 8819
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

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17 MAR -6 PM 12:32
TALLAHASSEE, FL 32301
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TALLAHASSEE, FL 32301
2017 MAR -6 PM 3:08
TALLAHASSEE, FL 32301

05

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

Synergy Homewise Solutions 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 8/16/2015 and assigned Florida document number L15000134639.

This amendment is submitted to amend the following:

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

Synergy Solutions Global LLC

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)

1052 Truffles Ct.
Apopka, FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1052 Truffles Ct.
Apopka, FL 32712

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:

Amanda Khoury

New Registered Office Address:

1052 Truffles Ct

Enter Florida street address

Apopka, Florida 32712
City 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.

Amanda Khoury
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>
MGR	Elias Badran	385 Commerce Way	☐ Add
		Longwood, FL 32750	☒ Remove
			☐ Change
MGR	Justin Goldfarb	1052 Truffles Ct.	☒ Add
		Apopka, FL 32712	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: 2/23/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

Dated _____,

Amanda Khoury
Signature of a member or authorized representative of a member

Amanda Khoury
Typed or printed name of signee