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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Div	ision of Corpo	orations		
SUBJECT:		SISTEMS USA LLC.		
		Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		WILDER MORENO		
			Name of Person	
		SYNERGY SISTEMS USA	LLC.	
			Firm/Company	
		15646 SW 40 ST		
			Address	
		MIRAMAR, FLORIDA 33	027	
			City/State and Zip Code	
		WILMORA2004@YAHOO.		
			be used for future annual report notifica	dion)
For further in	formation con	cerning this matter, please cal	l:	
WILDER MORENO			786 7121221	
	Name of P	erson	at () Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Registered Office Address:	MIRAMAR	Enter Florida street ad	Florida 33027	7: 1:	** 1
New Registered Office Address:		Enter Florida street ad	dress ,_	_ 1	
New Registered Office Address:				~~.	
	15646 SW 40 ST				
Name of New Registered Agent:	WILDER MORE	NO		. 10	
) ir		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered offi office address here:	ce address on our reco	ords, <u>enter th</u>	e name o	of the n
Mailing address MAY BE A POST OFFICE	BOX)				············
Enter new mailing address, if applicable:		15646 SW 40 ST MIRAM	IAR, FL 33027		· <u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new principal offices address, if appli		3021 SW 194 Terrace MIR	RMAR, FL 33029	9	
The new name must be distinguishable and contain the	words "Limited Liability				C."
A. If amending name, <u>enter the new name</u>					
This amendment is submitted to amend the fol	lowing:				
Florida document number L15000140248	·				
The Articles of Organization for this Limited I		vere filed on		_ and assi	gned
	(A Florida Limited Lia	ability Company)			
(in the same of the same	ited Liability Company	y as it now appears on our re	cords.)		
Virginia of his title	ited Liability Company	y as it now appears on our reability Company)	cords.)		-

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 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	KTION GROUP INC.	PANAMACorregimto Bellavista	■ Add
		Ave Justo Arosemena calle 40y41	□ Remove
		Edif Ari,primero alto, Ofic#2 frente	☐ Change
MGR	Camilo Ernesto Acosta Restrepo	15646 SW 40 ST	
		MIRAMAR FL 33027	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
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			Change

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fective date, if other than the date of filing:		r.c.v	(option	al)	
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the	applicable sta	o tung or more that tutory filing requi	i 90 days after fill rements, this da	ng.) Pursuan ite will not	t to 605.0 be listed
cument's effective date on the Department of State's re	ecords.				170 1717120
record specifies a delayed effective date, b	ut not an e	ffective time,	at 12:01 a.n	n, on the	earlier
he 90th day after the record is filed.					
MAY 13					
ted MAY 13 2017	·•				
	2/1/	HUG	2		

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Typed or printed name of signee

Filing Fee: \$25.00