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(Re	equestor's Name)	
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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O SIMMONS APR 1 9 2017

COVER LETTER

Division of Co.			
SUBJECT:	nc Up Hub Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Moses	Soyerc Name of Person	
	Syn	C Up Hub LL Firm/Company	.(
	73	NE 7th C+ =	#2
	Deer	Field Bech , 334' City/State and Zip Code	<u> </u>
	E-mail address:	er dola mail. Con to be used for future annual report notifi	ication)
For further information of	Sync Up Hub LLC Firm/Company NE 7th Ct #1 Address Deerfield Beech, 33441 City/State and Zip Code Microsoft de grail. Con E-mail address to be used for future annual report notification) refurther information concerning this matter, please call: MSCS Dager at (850) (30-7354 Name of Person Area Code Daytime Telephone Number		
Moses	Sogere Person	at (<u>\$50</u>) <u>(30</u> – Area Code Daytime	7354 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Sync Up Hub L	LC.	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>しんのの3246</u> ←	y were filed on 02/16/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Sync LLC The new name must be distinguishable and contain the words "Limited Liab	•	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- N/A	in 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	18 18 E
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the nev
Name of New Registered Agent: New Registered Office Address:	N/A	
New Registered Office Address.	Enter Florida street address , Florida 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.

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>	Type of Action
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			☐ Remove
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lf an effec <b>Note:</b> It	date, if other than the date of filing:		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earlier	of:
,,,,,	24/14/2017 11:20 an		
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Page 3 of 3

Filing Fee: \$25.00