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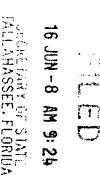
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Synerphi Name of Limite	CONSTRUCTION L d Liability Company	10
The enclosed Articles of Ar	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Rache	Name of Person	
		Firm/Company	
	2600 9	S. Douglas Rd. S	uite 1008
	Rachel (E-mail address: (to	City/State and Zip Code TOTHEY LAW - Corbe used for future annual report notification.	ation)
For further information cor	ocerning this matter, please cal	t:	
Pachel Name of I	L. TOWY	at (305) 444. Area Code Daytime 'I	6116 Felephone Number
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Syneephi	construction UC		
(Name of the Limited Liabil) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number <u>L 140000742)</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
Magniphi Co	onstruction LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi	istored affice address on our records, enter (the name of the new	v
registered agent and/or the new registered office ad-			-
		- 65≥ 1	
Name of New Registered Agent:		SEX 8	
New Registered Office Address:		FS 9 0	
New Registered Office Address.	Enter Florida street address	RALL ST	
	, Florida	5	
	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>	Name	Address	Type of Action
			
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record specifies a delayed effective date, but not a	in effective time, at 12:01 a.m. on	the earlie
The 90th day after the record is filed.		
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ated June 1st, 2016		
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Page 3 of 3

Filing Fee: \$25.00