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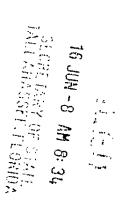
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER ***

TO: Registration Se Division of Cor		∞.	
SUBJECT:	Syneephi D Name of Limit	PEVELOPMENT LUC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	,
	Rach	Name of Person	·
		Firm/Company	
	2600 S.	Douglas Road SI	11+E 1008
	coral	Gables FL 3312 City/State and Zip Code Tolkylaw. C	34
	Pachel (E-mail address: (i	o be used for future annual report notific	ation)
For further information o	oncerning this matter, please ca	all:	
Rachel	L. Towey	at (305) 444.	6116
Namè c	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

syner	in Development WC	
(Name of the Limited Liah (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 1600074235</u>	Company were filed on 64/14 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Magniphi	DEVELOPMENT LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab-	breviation "L.L.C."
Enter new principal offices address, if applicable:		···
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		the name of the new
Name of New Registered Agent.		93 1
New Registered Office Address:	Enter Florida street address	
	, Florida,	Zin Code a
New Registered Agent's Signature, if changing Register	·	

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	Membe

Title	Name	Address	Type of Action
			D Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			Add
			🗆 Remove
			Change
			
			□ Remove
			🗆 Add
		<u> </u>	□ Remove
			Change
			🖸 Add
			□ Remove
			Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date	(optional)
Note: If the date inserted in this block does not meet the applicable st	atutory filing requirements, this date will not be listed
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an o	offactive time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	enective time, at 12.01 a.m. on the earner
Dated June 1st , 2016.	

Page 3 of 3

Filing Fee: \$25.00