

L160000095986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

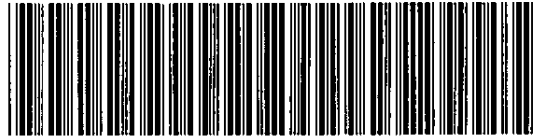
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/16--01017--021 **25.00

FILED
2016 SEP -1 P 10:04
TALLAHASSEE, FL 32301

SEP 08 2016
5:00 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Synergy E Point 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:

William Bruce

Name of Person

Synergy E Point LLC

Firm/Company

10539 Angler Ct

Address

Orlando FL 32825

City/State and Zip Code

billbruce1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Bruce

407 844-1821
at ()

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

2016 SEP -1 PM 1:04
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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hyung Lee		<input type="checkbox"/> Add
		25109 EVONY LN #310 LOMITA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Bruce	10539 Angler Ct. Orlando Fl 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2016 SEP -1 P 01 PM
RECEIVED
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

FILED

E. Effective date, if other than the date of filing: _____ (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.

Dated AUGUST 29, 2016

WILLIAM BRUCE

Signature of a member or authorized representative of a member

WILLIAM BRUCE

Typed or printed name of signee