## Florida Department of State

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December 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SYNERGY PERFORMANCE, LLC C/O PIQUET LAW FIRM PA 1331 BRICKELL BAY DRIVE, SUITE CU-2 MIAMI, FL 33131US

SUBJECT: SYNERGY PERFORMANCE, LLC

REF: L16000102598

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Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H17000333939 Letter Number: 617A00025791

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P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SYNERGY PERFORMANCE LLC  | d Unifility Company as it n  | ow appears on our records.)   |   |          |
|--|--|---|---|----------|
|  |  | on appears on our records.)   |   |          |
| The Articles of Organization for this Limited Li   | ability Company were fil   | ed on 05/25/2016 an   | d assign <del>e</del> d   |          |
| Florida document number L16000102598   | fai .  |   |   |          |
| This amendment is submitted to amend the follo   | vylng:   |   |   |          |
| A. If amonding name, outer the new name of   |  | ipany here:   |   |          |
| dalida   |  |   |   |          |
| DioFit Personnence Lab LLC  The new name must be distinguishable and contain the way   | ords "Limited Linbility Comp   | any," the designation "LLC" or the abbreviation   | in "L.L.C."   |          |
| Enter new principal offices address, if applica  |  |   |   |          |
| (Principal office address MUST BE A STREE  |  |   |   |          |
| (2PM cipal office quartes most 222   |  |   |   |          |
|  |  |   |   |          |
| Enter new mailing address, if applicable:  | ,  |   |   |          |
| Mailing address MAY HE A POST OFFICE.  | BOX)   | ·   |   |          |
| program to the part of the par | · · · · · · · · · · · · · · · · · · ·  |   |   |          |
|  |  |   | . C. Alva   |          |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of  | or registered office ad<br>Tice address here;  | gress the our records, enter the hi   | 1,12  | <u> </u> |
| Name of New Registered Agent:  | Nathalie Rence Henriot   | o Masson Andersson  |   |          |
| New Registered Office Address:   | 1327 Y :kshire C:  |   |   |          |
|  | •  | Euler Florida street address  |   |          |
|  | Davenport  | Fiorids 33896   | Code  |          |
|  | GIQ  | ,y  |   |          |
| New Registered Agent's Shanture, If changing   | Registores Agent:  | A to the amounts I forther garage to  | comply with th  | 'n       |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this  | er and complete perfor<br>istered agent as provide<br>registered office addre<br>change. | mance of my auties, and I and failing<br>al for in Chapter 605, F.S. Or, if this<br>ss, I hereby confirm that the limited i | document is   |          |
|  | Malk   | We free adams   |   |          |
|  | If Chauging R  | egistered Agent, Blanatura of New Registere   | d Agent:  | 17       |
|  | Page 1 of 3  |   |   | DEC 22   |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Title                                  | Name                                  | Address             | Type of Action    |
|--|---------------------------------------|---------------------|-------------------|
| MGR                                    | Kovin Masson                          | 1327 Yorkshire Ct   | Add               |
|  |                                       | Davenport, F! 33896 |                   |
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| If amending any other information   | n, enter change(s) here: (Attach additional she           | reis, if necessary.)  |               |
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