

L17000054963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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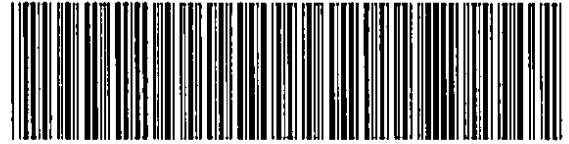
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JUN 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNERGY HOSPITALITY, 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:

YOGESHKUMAR PATEL

Name of Person

SYNERGY HOSPITALITY, LLC.

Firm/Company

8115 BLOSSOM AVENUE

Address

TAMPA, FLORIDA 33614-2509

City/State and Zip Code

YOGESHRP7@GMAIL.COM

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

For further information concerning this matter, please call:

YOGESHKUMAR PATEL

813 479-7477
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

*
REGULAR
MAIL

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*
FEDEX

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SYNERGY HOSPITALITY, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 03/09/2017 and assigned
Florida document number L17000054963.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8115 BLOSSOM AVENUE

TAMPA

FLORIDA 33614-2509

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8115 BLOSSOM AVENUE

TAMPA

FLORIDA 33614-2509

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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.

Paul Yocson, R.

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>	<u>Type of Action</u>
MGR	YOGESHKUMAR PATEL	8115 BLOSSOM AVENUE	<input type="checkbox"/> Add
		TAMPA	<input type="checkbox"/> Remove
		FLORIDA 33614-2509	<input checked="" type="checkbox"/> Change
AMBR	DILIP PATEL	18151 HERON WALK DRIVE	<input type="checkbox"/> Add
		TAMPA	<input type="checkbox"/> Remove
		FLORIDA 33467	<input checked="" type="checkbox"/> Change
AMBR	ASHISH PATEL	18107 KENNESAW COURT	<input type="checkbox"/> Add
		TAMPA	<input type="checkbox"/> Remove
		FLORIDA 33647	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: JUNE 6TH, 2018 (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 JUNE 6TH, 2018

* Patel Yogeshkumar R.

Signature of a member or authorized representative of a member

YOGESHKUMAR PATEL

Typed or printed name of signee