

L17000154613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

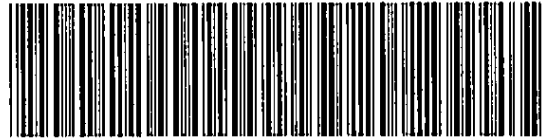
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/19/21-- 01024-- 002 **30.00

2022 JUN -7 AM 6:12
FILED

© SIMMONS

JUN 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN -7 PM 1:20

3708
TALLAHASSEE, FL

May 25, 2021

SHARON LOCKETT
8303 HIGHGATE DR
JACKSONVILLE, FL 32216

SUBJECT: SYNERGI LLC
Ref. Number: L17000154613

We have received your document for SYNERGI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000073552.

ADDING A "S" TO THE NAME DOES NOT MAKE IT DISTINGUISHABLE.

P13000073552 MY Apologies.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00011147

Changing name to Synergi Advocate Services LLC
Thank You



RECEIVED

2021 MAY 10 PM 3:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2021

SHARON LOCKETT
8303 HIGHGATE DR
JACKSONVILLE, FL 32216

SUBJECT: SYNERGI LLC
Ref. Number: L17000154613

Resend Copy

Adjustment made to
the Name. - 2nd page
Thank You
②

We have received your document for SYNERGI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00008656

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

SYNERGI, LLC

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

2022 JUN -7 AM 6:12

The Articles of Organization for this Limited Liability Company were filed on 07/19/2017 and assigned
Florida document number L17000154613

This amendment is submitted to amend the following:

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

Synergi Advocate Services, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

2022 JUN -7 AM 6:12

FILE

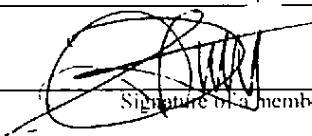
E. Effective date, if other than the date of filing: _____ (optional)

(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 February 09, 2021


Signature of a member or authorized representative of a member

Sharon Lockett

Typed or printed name of signer

Filing Fee: \$25.00