L17000154613

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

	gistration Sec vision of Corp		÷	
0115 III 077	Synergi Adv	vocate Services, LLC		
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Sharon Lockett		
			Name of Person	
		Synergi		
			Firm/Company	
		8303 Highgate Drive		2
			Address	
		Jacksonville FL 32216		,
			City/State and Zip Code	
		s.j.lockett@outlook.com		
			to be used for future annual report noti	neation)
For further	information c	oncerning this matter, please ca	ail:	
Sharon Loc	:kett		954 551-7130 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
Re D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synergi Advocate Services		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
the Articles of Organization for this Limited Liability C		and assigned
lorida document number L17000154613	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
iynergi Professionals, L.L.C.		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD		
		•
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		,
numing waters, with bight vol. of their work		-
. If amending the registered agent and/or registere	ed office address on our records, <u>e</u> r	nter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ddress
		. 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 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>	Type of Action
AMBR	Sharon Lockett	8303 Highgate Drive Jacksonville FL 32216	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			Change
			□Add
		□Remove	
		□ Change	
			□Add
			□Remove
			□ Change

ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
ne record ord is fil	d 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 ed.
Dated _.	E : Tim
	Signature of a member or authorized representative of a member
	Sharon Lockett