# 119000084834

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	<del>(</del> †)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

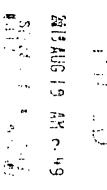
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ALIG 2 1 2019



July 26, 2019

SYNERGY HEALTH & ASSOCIATES 124 MARRIOTT DRIVE tallahassee, FL 32301

07251901008022 07251901008023

Subject: SYNERGY HEALTH & ASSOCIATES

RE: 419A00015215

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document has not been filed and is being returned for the following:

New Limited Libality Synergy Health & ASSOCIATES, LLC cannot be change on a Fictitious Registration form. Download and print articles of Amendment.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Marquitta Williams Reinstatement Section Division of Corporations

Letter No. 419A00015215

# COVER LETTER

TO:	Registration So Division of Cor			
SUBJEC	/ \*# 1	ealth & Associates, LLC		
SOBJEC	L1: _ <u></u>		nted Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Andreas Ward		
		Synergy Health & Associa	Name of Person ites	<del></del> -
		124 Marriott Dr., Ste. 102	FirmcCompany	
		Tallahassee	Address	
		F1. 32308	City/State and Zip Code	<del></del>
For furth	net information c	E-mail address ( oncerning this matter, please c	to be used for fature annual report natir	ication)
	AS WARD	since in the second of the sec	850 326-2131 at ( )	
	Name o	t Person		Telephone Number
Enclosed	l is a check for th	ne following amount.		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy (venclosed)	Sol 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio PO Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2061 Executive Cer	t tions

Fallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### SYNERGY HEALTH & ASSOCIATES, 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 <sup>27</sup> MARCH 2019. \_\_\_ and assigned Florida document number 1.19000084834 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SYNERGY HEALTH CARE AND ASSOCIATES, ELC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 124 Marriott Dr., Ste. 102 Enter new principal offices address, if applicable: TALLAHASSEE, FL 32308 (Principal office address MUST BE A STREET ADDRESS) SAME AS ABOVE 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: ŝ Name of New Registered Agent Ç New Registered Office Address Enter Florida street address

### 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 jurther 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.

H Changing Registered Agent, Signature of New Registered Agent

\_\_ , Florida

If amending Luthorized 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>	Name	Address	Type of Action
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			☐ Remove
			☐ Change
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blackment's effective date on the D	lock does not meet the applic	lable statutory filing requ	(optional) in 90 days after filing ) Pursuant to irements, this date will not be	605,0207 (. Insted as th
document's effective date on the D	rock does not meet the applic repartment of State's records dieffective date, but no	cable statutory filing requ	urements, this date will not be	listed as th
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document's effective date on the D the record specifies a delayed The 90th day after the rec	department of State's records department of State's records defective date, but no cord is filed.	cable statutory filing requ	at 12:01 a.m. on the ea	listed as th

Page 3 of 3

Filing Fee: \$25.00