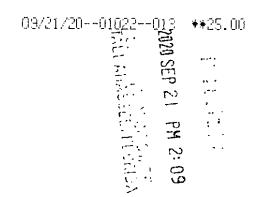
L19 000 146922

(Req	uestor's Name)	1
(Add	ress)	
bhA)	ress)	
(,	
(City	/State/Zip/Phor	ne #)
		—
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
•	•	ŕ
(Doc	ument Number	,
Certified Copies	Certificate	s of Status
Canada Ingenia in 5	lling Officer	
Special Instructions to F	ning Officer:	

Office Use Only



400352463274



US 10/31/20

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SYNKRO	CAPITAL LLC				
SUBJECT:			*		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Fabrizio Spinelli				
			2029 SEP 21		
	CYNUZIYAZA DEFATATA	Name of Person	as SE		
	SYNKRO CAPITAL LLC				
		Firm/Company			
	PO Box 339		PM 2: 03		
			5.		
		Address	09		
	Windermere, FL 34786		7		
		City/State and Zip Code			
	finance@aexplorers.com				
	E-mail address: (to be used for future annual report not	ilication)		
For further information c	concerning this matter, please c	all:			
Fabrizio Spinelli		407 922-5337			
'		at ()			
Name (of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he 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 Addre		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee,			oe Street, Suite 810		
A COMPANY OF A PROPERTY		Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(S) Profited Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for $\frac{1.19000146922}{1.19000146922}$	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
SYNKRO CAPITAL, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	
Enter new principal offices address, if applicable:	79/20 SEI
Principal office address MUST BE A STREET ADDRESS)	2 2
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	PH 2: 09
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ry Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CULTURE DESCRIPTION

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>	Address	Type of Action
			□Remove
			□Change
			ZIZ9 SEFE Remove
			Change 22
			F
			□Change
		·	□Add
			□Remove
		<u> </u>	□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			FiChanas

						-
<u></u>	<u> </u>					-
						-
	 ·					-
						-
				•		_
					÷	
				<u> </u>	<u> </u>	-
				7	SE	_
				\$0.1	2	
				711	골	-
				<u>-r. </u>	19. T.	_
					. OG	
				<u> </u>	 	_
						_
						_
					<u></u>	-
						_
ective date, if other than the da effective date is listed, the date must be	ate of filing:			(optional)		
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prio	r to date of filing of cable statutory fi	more than 90 day line requirement	s after filing is this date	A Pursuant to 60 will not be lis)5,020 sted :
ument's effective date on the Depa			redancine			
cord specifies a delayed effective d ; filed.	ate, but not an effective t	ime, at 12:01 a.r	n, on the earlier	of: (b) Th	ie 90th day aft	er th
September 1	2020					
ed	·	_				

Typed or printed name of signee