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(Requi	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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SUBJECT	SYNERGY	SUPPLIES USA LLC		ò
			nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		German Rojas		
			Name of Person	
		 	Firm/Company	
		175 SW 7th Streetr Suite 2		
		Brickell/ Fl 33130	Address	
			City/State and Zip Code	
		germanrojas01@yahoo.con	•	
For further i	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)
German Ro		,	954 6558281 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	áling Addres gistration S		<u>Street Address:</u> Registration Sect	tion
Di	vision of C	orporations	Division of Corp	
	D. Box 632		The Centre of Ta	
Та	Hahassee, I	4L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNERGY SUPPLIES USAILLO

company has been notified in writing of this change.

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000162509}{2.19000162509}$.	were filed on 06/20/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabs	thity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	175 SW 7th Street, Suite 2201	
(Principal office address MUST BE A STREET ADDRESS)	Brickell, Fl 33130	
Enter new mailing address, if applicable:	175 SW 7th Street, Suite 2201	
(Mailing address MAY BE A POST OFFICE BOX)	Brickell, FI 33130	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u> c	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

Title	<u>Name</u>	Address	Type of Action
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fective date, if other than th	ne date of filing:		_ (optional)
n effective date is fisted, the date m ste: If the date inserted in this b	ust be specific and cannot be prior to block does not meet the applical) date of filing or more than 90 ole statutory filing requirem	days after filing.) Pursuant to 605,0207 (tents, this date will not be listed as t
cument's effective date on the	Department of State's records.		
	ive date, but not an effective tim	ie, at 12:01 a.m. on the earl	ier of; (b) The 90th day after the
is filed.			
May 17	2021		
ted May 17		/	
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Typed or printed name of signee