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COVER LETTER

TO: Registration So Division of Cor			
Synergy P	owur Leads 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:	
	Α	andres 8. Lavanderos	
		Name of Person	
	Name of Limited Liability Company Name of Limited Liability Company		
		• •	
	9	868 Patriot Ridge Drive	
		Address	
	J.	acksonville, Florida 32221	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Emily	y Garcia	954 551-0495	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fcc		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
-			
P.O. Box 632		The Centre of	•
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synergy Powur L	eads LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v L19000274542 Florida document number	were filed on November 4, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Synergy Solar LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	9868 PATRIOT RIDGE DR JACKSON	VILLE, 14. 32221
(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 a	ddress on our records, enter the name	of the new regis
agent and/or the new registered office address here:		(-)
Name of New Registered Agent:	<u> </u>	
No. Decision of Office Address.		. ;
New Registered Office Address:	Enter Florida street address	
		<u></u> .
	Florida	Zin 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>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			Петюve
			□Change
		 	□Add
			□ Remove
			□Change
			□ Add
			□ Remove
			□Change
 			□ Add
		□Remove	
		 	□Change
			□Add
			□Rетюче
			□Change

Effective date, if other than the date of filing:	Effective date, if other than the date of filing:			
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