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## **COVER LETTER**

Registration Section Division of Corporations

TO:

ECO SYNE	ERGY ENTERPRISES		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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:	
	WALWIN METZGER		
		Name of Person	<del> </del>
	ECO SYNERGY ENTER	PRISES	
		Firm/Company	<del> </del>
	5379 LYONS ROAD 1563	3	
	_	Address	
	COCONUT CREEK, FL 3	33073	
		City/State and Zip Code	
	WMETZGER78@GMAIL.		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
RICHARD O GODSON		240 615 7761 at ( )	
Name o	f Person	at () Area Code Daytin	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	-	Division of Co	-
P.O. Box 632		The Centre of 1	
Tallahassee, I	SE 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ECO SYNERGY ENTERPRISES

(Name of the Limit	ed Liability Con (A Florida Limit	npany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Li Florida document number L20000156240		my were filed on JUNE 8	m ° Pro
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited li	iability company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Li	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address		ce address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida st	reet address
		( ) ( )	Florida
		City	zφ 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
MGR	WALWIN METZGER	4202 NW 43RD WAY COCONUT CREEK, FL 3307	<sup>73</sup> _ ■Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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effective da	e is listed, the date	nust be specific a	and cannot be pri	or to date of filing	or more than 90	(optional) days after filing.) Pur	suant to 605.0207
	ective date on the				ming requirem	ents, this date will	not be listed as
cord specif	es a delaved effec	tive date, but n	ot an effective	: time, at 12:01 a	a.m. on the earl	ier of: (b) The 90	th day after the
s filed.	•						,
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		Signature of	a men <b>iti</b> er or au	thorized represent	tative of a membe	2r	