

L20000216598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

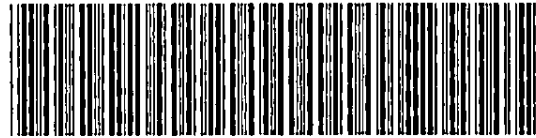
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNERGY 120, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Weifang Hao

Name of Person

Beacon Accountancy and Business Services

Firm/Company

18592 Main Street

Address

Huntington Beach, CA 92648

City/State and Zip Code

info@whiteheadcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Weifang Hao

714

841-0995

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD Z HOLYOKE	8045 EVERETT BASIN COURT	<input type="checkbox"/> Add
		LAS VEGAS, NV 89113	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN DAOUD	1804 COCHRAN STREET	<input type="checkbox"/> Add
		LAS VEGAS, NV 89104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL VARANO	190 SE 5TH AVE L108	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CONNER RAISIN	8696 IVY GLEN CIR	<input type="checkbox"/> Add
		HENDERSON, NV 89074	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JERRAD M HENDRIKSON	2042 9TH STREET	<input type="checkbox"/> Add
		GREEN BAY, WI 54304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AS - 8 Feb 1941

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 27 _____, 2019

Signature of a member or authorized representative of a member

DARREL R. WHITEHEAD

Typed or printed name of signee