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COVER LETTER

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SUBJECT	SYNERGY	/ 120, LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence 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 92	648	
			City/State and Zip Code	 ,
		info@whiteheadcpa.com		
		E-mail address: (to be used for future annual report n	otification)
For further	information c	oncerning this matter, please c	all:	
Weifang H	or		714 841-0995	
	Name of	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	e 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)
Re	gistration S	Section	Street Address: Registration S	
	vision of Co D. Box 632	orporations 7	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SYNERGY 120, LLC The Articles of Organization for this Limited Liability Company were filed on 07/23/2020 ____ and assigned Florida document number _____L20000216598 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 EDWARD Z HOLYOKE	8045 EVERETT BASIN COURT	□ Add	
		LAS VEGAS, NV 89113	≣ Remove
			☐ Change
MGR	STEVEN DAOUD	1804 COCHRAN STREET	
		LAS VEGAS, NV 89104	■Remove
			□Change
MGR	PAUL VARANO	190 SE 5TH AVE L108	□Add
	DELRAY BEACH, FL 33483	Remove	
			□Change
MGR	CONNER RAISIN	8696 IVY GLEN CIR	□ Add
		HENDERSON, NV 89074	■ Remove
			□Change
MGR JERRAD M HENDRIKSON	2042 9TH STREET	□Add	
		GREEN BAY, WI 54304	≡ Remove
			□Change
			□Add
		□Remove	
		□Change	

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DARREL R. WHITEHEAD			Typed or printed name of signee