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LZ0000245631

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COVER LETTER

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	Registration Se Division of Cor							
SUBJEC	Synergy UI	K Holdings, LLC		,				
SUBJEC	•••	Name of Lin	nited Liability Company	,				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspo	indence concerning this matter	to the following:					
		Barry E. Haimo, Esq.						
			Name of Person					
		Haimo Law						
			Firm/Company		<u> </u>			
		8201 Peters Road, Suite 10	000					
			Address					
		Plantation, FL 33324						
		barry@haimolaw.com	City/State and Zip C	ode				
		E-mail address: (to be used for future an	nual report notificat	lion)	:	20	
For furthe	r information c	oncerning this matter, please c	all:				2020 SEP	
Barry E. I	laimo, Esq.		954 at (599-7483			-0	••• •#
<u> </u>	Name o	f Person	Area Code	Daytime Te	lephone Number		7 PM 5:	:
Enclosed	is a check for th	ne following amount:					50 00	
S 25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing I Certified Copy radditional copy i	<u>y</u>	\$60.00 Fili Certificate Certified C (additional co	of Status Jopy	×	
- F	<u>dailing Addres</u> Registration S Division of C	Section	Reg	<u>et Address:</u> istration Sectionision of Corpor				

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synergy UK Holdings, LLC			
(<u>Name of the Limited Lia</u> (À Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L20000245631</u>		and assigned	ł
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·····	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the</u> <u>e</u> :	name of the new regi	isterei 5
Name of New Registered Agent:			<u>. </u>
New Registered Office Address:			: }
	Enter Florida street address		
	, Florid		
	Cuj	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

• •

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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>	Name	<u>Address</u>	Type of Action
AP	lvor Rambay	52 Gables Blvd.	🗆 Add
		Weston, FL 33326	Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗋 Change
			🗆 Add
			ACC Conange.
			Add Brand
			□Change
			🗆 Add
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		- <u> </u>	□Change

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

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			1 PH 5: 58	
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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	9-13- 2020
	Mauter
	Signature of a member or authorized representative of a member
	Ivor Rambay
	Typed or printed name of signee

Filing Fee: \$25.00