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## **COVER LETTER**

TO:

	Registration Sec Division of Corp		,
SUBJEC		INDUSTRIAL PARTNERS,	
	<del> </del>	Name of Lin	mited Liability Company
The enclo	osed Articles of A	Amendment and fee(s) are sub	bmitted for filing.
Please ret	turn all correspor	idence concerning this matter	r to the following:
		LUIS MARQUEZ JR	
			Name of Person
		SYNERGY INDUSTREA	L PARTNERS, LLC.
			Firm/Company
		11230 NW 122 STREET,	SUITE 400
			Address
		MEDLEY, FLORIDA 331	178
			City/State and Zip Code
		lmarquez@swarmtransport.	
			(to be used for future annual report notification)
For furthe	r information cor	ncerning this matter, please ca	call:
LUIS MA	RQUEZ TR		786 200-1055
	Name of I	Person	at () Area Code Daytime Telephone Number
Enclosed i	is a check for the	following amount:	
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	3210 Ced	os Jimenez darhurst Rd e, MD 21214	Stroot Address: Registration Section 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 INDUSTRIAL PARTNERS, LLC

(A I I)	ability Company as it now appears orda Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	09/14/2020	and assigned
This amendment is submitted to amend the following	ţ:		
A. If amending name, enter the new name of the l	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	<del> </del>	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ered office address on our re	cords, <u>enter the nar</u>	ne of the new regis
agent and/or the new registered office address her	<u>'e</u> :		
3. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:	e:		
agent and/or the new registered office address her			
Name of New Registered Agent:	Enter Florid	da street address	
	Enter Florid		

ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
mber	Luis Marquez, Jr.	11230 NU 122 street Suite	400 XAdd
	•	Melley, PL 23178	□Remove
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becament's effective date on the E	ist be specific and cannot be lock does not meet the a	pplicable statutory fili	(option more than 90 days after fing requirements, this o	ling ) Pursuant to 605 0207 (
ecord specifies a delayed effecti s filed.	ve date, but not an effect	ive time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
September 20	, 2020	<u> </u>		
		<b>3</b>		
	Signature of a member or	authorized representative	e of a member	

Filing Fee: \$25.00