

03/17/2023 09:22

(FAX)

P.001/004

3/17/23, 9:05 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000101753 3)))



H23000101753ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSHINE INTERNATIONAL COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
MAR 17 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE INTERNATIONAL COMPANY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2021 and assigned Florida document number L21000079894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SYNERGY CONSULTING & BUSINESS, LLC

The new name must be distinguishable and contain the words "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 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

Florida

Zip 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 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	PESTANA BARROSO, RENZO	4700 NW BOCA RATON, STE 202	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LESSA, LUCAS	4700 NW BOCA RATON, STE 202	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARROSO, WALMIR ANTONIO	4700 NW BOCA RATON, STE 202	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGERIO DIAS CORREIA	4700 NW BOCA RATON BLVD	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
MGR	PAULO INACIO XAVIER	4700 NW BOCA RATON BLVD	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<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.)*

N/A

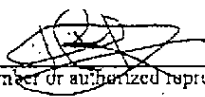
E. Effective date, if other than the date of filing: _____ (optional)

(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 MARCH 16th 2023


Signature of a member or authorized representative of a member

ROGERIO DIAS CORREIA - MANAGER

Typed or printed name of signee