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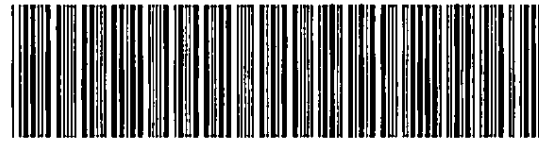
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYNRAM 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:

GABRIEL RAMOS MBA

Name of Person

RAMOS, RAMOS & COMPANY

Firm/Company

8798 SW 8TH STREET, SUITE 6

Address

MIAMI, FL 331174

City/State and Zip Code

GABRIEL@RAMOSRAMOSCO.COM

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

For further information concerning this matter, please call:

GABRIEL RAMOS MBA

305 220-2127

at (_____) _____

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SYNRAM, 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 April 16, 2021 and assigned
Florida document number L21000177867.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4516 Jacaranda Pkwy W

Cape Coral, FL 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4516 Jacaranda Pkwy W

Cape Coral, FL 33993

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:

Alexandra Vega Travieso

New Registered Office Address:

4516 Jacaranda Pkwy W

Enter Florida street address

Cape Coral

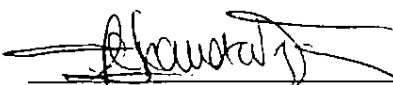
Florida 33993

City

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>
RA	Carl J. Stith	1346 Monroe Street	<input type="checkbox"/> Add
		Hollywood, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Simen E. Ruge	628 NE 59 Street	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AREX Builders, Corp.	c/o Alexandra Vega Travieso	<input checked="" type="checkbox"/> Add
		4516 Jacaranda Pkwy W	<input type="checkbox"/> Remove
		Cape Coral, FL 33993	<input type="checkbox"/> Change
MGR	Reinaldo Ramirez	142 NW 37 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

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 September 21, 2022

Signature of a member or authorized representative of a member

Alexandra Vega Travieso
Managing Member

Typed or printed name of signee