L21000321829

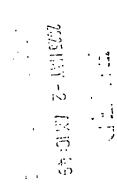
(Requestor's Name)
(Address)
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` <i>'</i>
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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JUN 1 4 2025 D CUSHING

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		ø
SUBJECT: Syn	rgy Event Name of Limi	Solutions U	<u>C</u> -
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Limberly	Name of Person	
	Synergy ?	wat Solution Firm/Company	S, LCC
	774 20th	Avc. N. Address	
	Saint Pe	City/State and Zip Code	33704
	E-mail address: (i	UNERAU-CUENT	Sautions. com
For further information co	ncerning this matter, please ca	all:	
Lin t	Jaener	at (248) 789 - 3	6482 : See Telephone Number : See Telephone Number
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
S \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

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



April 14, 2025

KIMBERLY HAENER SYNERGY EVENT SOLUTIONS LLC 774 20TH AVE. N SAINT PETERSBURG, FL 33704

SUBJECT: SYNERGY EVENT SOLUTIONS LLC

Ref. Number: L21000321829

We have received your document for SYNERGY EVENT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

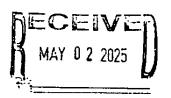
The form you submitted is for a Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 525A00007949



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied Limited Limit	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000331729</u> This amendment is submitted to amend the following:	were filed on 5/8/23 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	1824 Cameo Ln Ellentin, FL 33704
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7824 Cameo Ln. Ellenton, FL 33704
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Selection 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Serly Haener 924 Caneo Lo Enter Florida street address
<u></u>	City , Florida 35 1 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.

Il 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>	Address	Type of Action
AMBR	Blake Seagl	774 20th AVE N.	□Add
	<u>-</u>	St. Petersburg FL 33704	Remove
			[]Change
NG BO	Donobelle Beach	300000100000000000000000000000000000000	□Add
		HOBO	□Remove
		lackson silver	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			[]Change
			□Add
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			□∧dd
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			□Change
			□Add
			□Remove
			[]Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	umberly Harrer - 2ddress chare
ĺλ	sumberly Harrer - address Change Sw: 3610 Galloway CV. #2508
-	Beckester Hills mi 48309
_	Tackester His in 4030
	•
	
ian effect Note: If	e date, if other than the date of filing:
record s	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
ated	April 28, 2025 Hombuly thems
	Signature of a member or authorized representative of a member
	April 29, 2025 Homberty Hacher Typed or printed name of signee

Filing Fee: \$25.00