121000368994

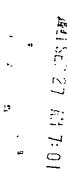
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Synergy C SUBJECT:	ommunity Developments of So	uth Florida LLC	
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	mario caprini		
		Name of Person	
	Synergy Community Deve	elopments of South Florida LLC	
		Firm/Company	
	55 NE 5th Ave Suite 501	55 NE 5th Ave Suite 501	
		Address	
	Boca Raton Florida 33432		
		City/State and Zip Code	
	mcaprini@capitalgroupusa.		
		to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
mario caprini		954 8062546 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	-
P.O. Box 632	41	The Centre of	I allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

621 SEC 27 AH 7: 01

Syncity Community Developments of South Piorida I		<u>_</u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nny as it now appears on our records.), Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000368994</u> .	were filed on August 17, 2021 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviat	ion "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)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of t</u> i	ne new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member	22151 27 6117:01		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Monique Troncone	55 NE 5th Ave Suite 501Boca Raton FL 33432	= Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
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			□Add	
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			□Change	

50% to Vale 07 LLC represented by Monique Troncone	
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
2 If the date inserted in this block does not meet the applicable statutory	
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after
med.	
August 17 2021	
d	

Filing Fee: \$25.00