L21000448433

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

Y. SCOTT NOV 15 2023

COVER LETTER

то:	Registration Se Division of Cor					
	Synerjy Cor					
SUBJE	JI:					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	indence concerning this matter	to the following:			
		Laurence J Smith				
			Name of Person			
		Synerjy Ministries			SECRETA DIVISION OF 2023 HOV	
			Firm/Company		HOV OF	
		3280 Burrowing Owl Dr.				
			Address		PH	
		Mims, FL 32754			PORPORATIONS -3 PM 3: 02	
				2 2		
		Synerjyministries@gmail.com				
			to be used for future annual report notifi	cation)		
For furth	ner information c	oncerning this matter, please c	ail:			
Laurenc	e J Smith		321 482-8997			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne 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 Stat Certified Copy (additional copy is end		
	Mailing Addres Registration S		Street Address: Registration Sec	tion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synerjy Congregational Consultants		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/14/2021	and assigned
Florida document number L21000448433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Synerjy Ministries LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS)		SEC VISIO
The state of the s		AO SEE
		<u> </u>
Enter new mailing address, if applicable:		PH PH
		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		0 0 0 0
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u>.</u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i .	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agre	e 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>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			DIVISIONS F
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			Remove
			□AJd
		· · -	□ Remove
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name at a second		c.		(- IN	
If an effective date is li Note: If the date in	other than the date of isted, the date must be speci- iserted in this block does be date on the Department.	fic and cannot be prior to not meet the applica	o date of filing or more		ng.) Pursuant to	
e record specifies a ord is filed.	delayed effective date, b	ut not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day a	fter the
Dated Octob	er 30	, 2023				
Dated <u>OC+ ob</u>	Day Di	l -	rized representative of a			
—	/ (Simostori	e of a incomber or autho	rized representative of a	member		
	Lausenc					

Filing Fee: \$25.00