(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(0.	Santa Fatile Nama	
(BU	siness Entity Name)	
(2-	and Missachani	
00)	ocument Number)	
Continue Copies	Cadificates	of Status
Certified Copies	Centineates	JI Status
Special Instructions to Filir	ng Officer:	
		İ

Office Use Only



700422288287

24.75, QO

OFFICE JALLAMASSES FLORIDA

2021 JAN 23 PH 1: 14 2024 JAN 23 PH 1: 05

RECEIVED



COVER LETTER

SUBJECT:				
somer.			nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
			, and the second se	
		Genny Sabala		
			Name of Person	
		GK Design Build, LLC.		
			Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Identy Sabala Name of Person INDICE SET OF SABORD SAB	
	Name of Limited Liability Company bosed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Genny Sabala Name of Person GK Design Build, LLC. Firm/Company 15160 South River Drive Address Miami FL 33169 City/State and Zip Code gennys@belisouth.net E-mail address: (to be used for future annual report notification) or information concerning this matter, please call. thala Name of Person Area Code Daytime Telephone Number is a check for the following amount: O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Lialing Address: Registration Section Registration Section			
			Address	
		Miami FL 33169		
			City/State and Zip Code	
			to be used for figure annual conditions of	
For further in	iformation c		·	
Genny Sabal	а			
	Name o	i Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	filing Fee		Certified Copy Certificate of Certified Copy is enclosed) Certified Co	of Status & ppy
			,	
		_		
_	-			
Tall	lahassee, F	FL 32314	2415 N. Monroe Street, Suite 810	
			Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		FILER
Synergenic, LLC.		and the fact of
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on Limited Liability Company)	FILED 10 our records.) 2024 JAN 23 PH 1
The Articles of Organization for this Limited Liability C	ompany were filed on 6/27/20	o22 and assigned 37
Florida document number L22000289461	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
GK Design Build, LLC.		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	rds, enter the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida s	street uddress
		Placida
	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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
		*****	□Change
 -			
			Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□ Add
			□Remove
			Fi Change

N/A						
						
-						
				1		
						
			·			
	.					

	****		1	-		
		····				

					~	
fective date, if other than in effective date is listed, the date ote: If the date inserted in the current's effective date on the	te must be specific a his block does not	nd cannot be prio meet the appli	r to date of filing cable statutory t	or more than 90 da	(optional) ys after filing.) Po nts, this date wi	irsuant to 605.020 Il not be listed a:
ecord specifics a delayed efficient.	fective date, but no	ot an effective I	ime, at 12:01 a.	.m. on the earlie	rof: (b) The 9	Oth day after the
January 11		2024	— <u>.</u> ;			
		Ur-	V C			
		_ Zen	<u> </u>			
	Signature of a	i member or with	orized representa	tive of a member	<u></u>	

Filing Fee: \$25.00