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COVER LETTER

Division of Corpo	orations		
SUBJECT: SYNE	Provide Home of Limit	ed Liability Company	<u></u>
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Amanda	Name of Person	
		Firm/Company	
	5668 E15	SINOR WAY	
	Lakeland	d, FL 33805	<u></u>
	amandal T	City/State and Zip Code U.7 (2) Code be used for future annual report notitical	COM.
For further information con	cerning this matter, please ca	II:	
Amanda Ru Name of P	117. Person	at (<u>203</u>) <u>332- (</u> Area Code Daytime Te	O284 Collephone Number Collephone Sumber Colleph
Enclosed is a check for the	following amount:		一点
S25.00 Filing Fee	S30.00 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)

TO:

Registration Section

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

Namd of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 (o52</u> 52	
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	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)	5668 Elsinore way Lakeland, FL 33808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5668 Flsinore WAY Laxeland, FL 33808
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	N 1
New Registered Office Address:	Enter Florida street address (171)
	City Ztp 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>	Address	Type of Action
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Amendment to LLC Articles of Organization

A Limited Liability Company formed under the laws of the State of Florida We, the Members of Syntay Home Solutioners by resolve and confirm on the 9+0 day of November, 2023, the following: 1. Article(s) of the current Articles of Organization are amended to read: 2. All other sections of the attached Articles of Organization remain in full force and effect. The undersigned have duly executed this amendment to the Articles of Organization on date first written above: Member: Signature: