L23000263918

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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations SYNERGY SPORT CENTER LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS G ASUAJE Name of Person Firm/Company 7280 NW 114 AV APT 105 Address DORAL FL33178 City/State and Zip Code GHANDYABOUL@SYNERGYVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS G ASUAJE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNERGY SPORT CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liabili	ity Company)	
The Articles of Organization for this Limited I Florida document number <u>L23000263918</u>		e filed on 05/31/2023	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STRE			
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			-1,
Enter new mailing address, if applicable:			\sim
(Mailing address MAY BE A POST OFFICE			
imaning duaress may be a rost of free	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	CARLOS G ASUAJ	Е	e name of the new registered
New Registered Office Address:	7280 NW 114AV AI		
	Enter Florida street address		
	DORAL	, Flori	da 33178
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perf istered agent as provi registered office add.	ormance of my duties, and ded for in Chapter 605, F	I am familiar with and S. Or, if this document is
		-	

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
PRESS	GHANDY ABOUL	7280 NW 114 AV APT 105 DORAL FL 33178	
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			□ Change
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Tective date, if other than the dat in effective date is listed, the date must be so tee: If the date inserted in this block of incument's effective date on the Depart	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
ecord specifies a delayed effective dat is filed.	te, but not an effective time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after the
, 06/03	2023	
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Sign	nature of a member or authorized representative of a me	ember (.)