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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

FE 11:23

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	= .	
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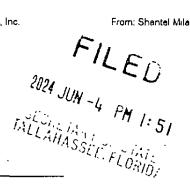
COVER LETTER

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SUBJECT:	SYNAPTR.	A LLC			
SUBJECT.	·	Name of Lin	nited Liability Company		_ _
_		Amendment and fee(s) are sub	-		
Please return	all correspoi	ndence concerning this matter	to the following:		
٠		Mike Town			
		····	Name of Person		
		Legalzoom.com, inc.			
			Firm/Company		
		9900 Spectrum Dr			
			Address		
		Austin, TX 78717	•		
		jessiephelan22@gmail.com	City/State and Zip Code		
			to be used for future annual re	eport notification)	_
For further in	formation co	ncerning this matter, please co	all:		,
Mike Town			800 773	-0888	
-	Name of	Person	Area Code	Daytime Telephone Nun	nber
Enclosed is a	check for the	: following amount:			
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Centif sed) Centif	Filing Fee, ficate of Status & fed Copy onal copy is enclosed)
		NG ADDRESS:		COURIER ADDRESS	:

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SYNAPIRA LLC	SEL FL		
(Name of the Limited Liability Comps (A Florida Limited			
The Articles of Organization for this Limited Liability Company Florida document number 1.24000224660	were filed on 05/14/2024 and 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 Liabi	lity Company," the designation "LLÇ" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3828 Twin Rivers Trail		
(Principal office address MUST BE A STREET ADDRESS)	Parrish, FL 34219		
Enter new mailing address, if applicable:	3828 Twin Rivers Trail		
(Mailing address MAY BE A POST OFFICE BOX)	Parrish, FL 34219		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the ne		
Name of New Registered Agent:	·		
New Registered Office Address:	Enter Florido street oddress		
	, Florida		
, , , , , , , , , , , , , , , , , , ,	City Zin 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 603, 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

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2024-06-04 08:51:01 PDT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jessica Phelan	•	
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			Remove
		3828 Twin Rivers Trail	
		Parrish, FL 34219	
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ed		May 29 ,	2024	•			
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/	7 Jews	Signatury of a m	ember or authoriz	ed representative	of a member		
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Jessica l	?helan	/	_		•		

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