

L24 000303129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

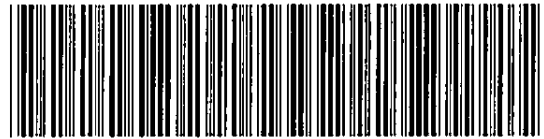
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000433577710

07/23/24--01025--007 **25.00

2024 JUL 23 11:05:50

[Handwritten signature]

Cover Letter

To: Registration Section Division of Corporations

Name of the Limited Liability Company as it now appears on record: Synergy VibeZ Custom Designs LLC

Document Number: L24000303129

File Date: July 08, 2024

This attached Amendment is submitted to amend the following:

- The name of the Limited Liability Company

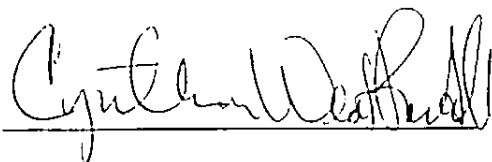
The new name of the Limited Liability Company: SynerVision Business Consultants LLC

Reason for Amendment:

We are submitting this amendment to change our company name from "Synergy VibeZ Custom Designs LLC" to "SynerVision Business Consultants LLC" in order to accurately reflect our expanded range of services and the strategic direction of our business. The new name aligns with our mission to provide innovative and strategic consulting solutions to businesses and educators. While "Synergy VibeZ Custom Designs LLC" primarily emphasized our custom design services, "SynerVision Business Consultants LLC" more accurately represents our comprehensive consulting capabilities. This includes empowering organizations through the power of synergy and visionary thinking, thereby fostering sustainable growth and success. This name change is intended to better communicate our focus and commitment to existing and prospective clients.

SynerVision Business Consultants

6625 ARGYLE FOREST BLVD STE 4 3028
JACKSONVILLE, FL 32244



Cynthia West Randall

7/18/24
Date

2024 JUL 23 11:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Synergy Vibez Custom Designs LLC

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:

Cynthia West-Randall

Name of Person

SynerVision Business Consultants LLC

Firm/Company

6625 ARGYLE FOREST BLVD STE 4 3028

Address

Jacksonville, FL 32244

City/State and Zip Code

SynerVisionConsultants@outlook.com

E-mail address: (to be used for future annual report notification)

2024 JUN 23 11:59:50

For further information concerning this matter, please call:

Cynthia West Randall

904

210-3353

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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**

Synergy Vibez Custom Designs LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 8, 2024 and assigned
Florida document number 124000303129.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SynerVision Business Consultants LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

2024 Jun 23 1:55 PM

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 18, 2024
Carla West Riehl
 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00