

11400005653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 AUG -3 P 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2015

LUIS ALBERTO ARCE
8865 COMMODITY CR. SUITE 13 UNIT 216
ORLANDO, FL 32819

SUBJECT: ALTERNATIVE SYNERGIES LLC
Ref. Number: M14000005653

We have received your document for ALTERNATIVE SYNERGIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00014233

2015 AUG -3 P 4:30
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Synergies LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Alberto Arce

Name of Person

Alternative Synergies LLC

Firm/Company

8865 Commodity Cr. Suite 13 Unit 216

Address

Orlando Florida 32819

City/State and Zip Code

larce54@gmail.com

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

For further information concerning this matter, please call:

Luis Alberto Arce

Name of Person

at (407) 350-9578

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG -3 P 4:30

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Alternative Synergies LLC
2. The Florida document number of this limited liability company is: M14000005653
3. Jurisdiction of its organization: Delaware USA
4. Date authorized to do business in Florida: 08/07/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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: Luis A. Arce

New Registered Office Address: 9103 Leland Dr.
Enter Florida Street Address

Orlando, Florida 32827
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.

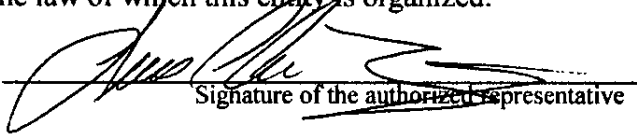

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Candita Diaz</u>	<u>Rd # 2 KM 93.1 Camuy, PR 00627</u>	<input checked="" type="checkbox"/> Add
		<u>Rd # 2 KM 93.1 Camuy, PR 00627</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Eric Snyder</u>	<u>6329 Manuscript St, Winter Garden</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Yolanda Arce</u>	<u>9103 Lenland Dr. Orl. FL 32827</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Kathleen Semmler</u>	<u>1203 Bella Cara Ct.</u>	<input checked="" type="checkbox"/> Add
		<u>Champions gate FL 33896</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
Luis A. Arce
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 APR - 3 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA