

M 17 000010034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 AUG -5 P 2 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 09 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SYNC HARMONY 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:

CHRISTINE FRIES

Name of Person

CPA ASSOCIATES LLP

Firm/Company

2646 SW MAPP RD STE 203

Address

PALM CITY FL 34990

City/State and Zip Code

CFRIES@CPA-ASSOCIATESLLP.COM

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

For further information concerning this matter, please call:

CHRISTINE FRIES at (**772**) **288-3797**

Name of Person

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

CR2E055 (9/15)

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

FILED

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: SYNC HARMONY LLC

2019 AUG -5 P 2 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000010034

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/28/2017

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

5. New name of the limited liability company: TRUCAST SOLUTIONS LLC
(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 officer 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

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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

WILLIAM J MCENTEE III

Typed or printed name of signee

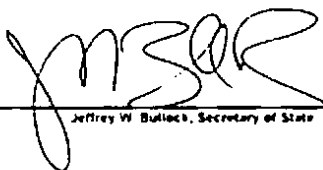
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "SYNC HARMONY LLC",
CHANGING ITS NAME FROM "SYNC HARMONY LLC" TO "TRUCAST SOLUTIONS
LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JULY,
A.D. 2019, AT 1:40 O'CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

6619750 8100
SR# 20196109088

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203269945
Date: 07-23-19


State of Delaware
Secretary of State
Division of Corporations
Delivered 01:40 PM 07/23/2019
FILED 01:40 PM 07/23/2019
SR 20196109088 - File Number 6619750

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF FORMATION
OF
SYNC HARMONY LLC

1. The name of the limited liability company is Sync Harmony LLC.
2. The Certificate of Formation of the limited liability company is being amended to change the name of the limited liability company. To effect such amendment, paragraph 1 of the Certificate of Formation is amended to read as follows:

“1. The name of the limited liability company is TruCast Solutions LLC.”

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 19th day of July 2019.



William J. McEntee III
Authorized Person