.

,

M1900000 1702

(Rec	questor's Name)				
(Address)					
(Adc	iress)				
(City	//State/Zip/Phone	e #)			
PICK-UP		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
Office Use Only					



02-24,22--01009--001 **\$2.50

•

ÿ

R. WHATE MAR 1 4 2023



COVER LETTER

TO:	Amendment	Section	Division	of (Corporations
-----	-----------	---------	----------	------	--------------

SYNETOUCH SOLUTIONS, LLC / EDGESERV POS, LLC

Name of Corporation

DOCUMENT NUMBER: M19000007702

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hunter Allen

Name of Contact Person

Cervion

Firm/Company

520 White Plains Rd #101

Address

Tarrytown, NY 10591

City/State and Zip Code

Hunter@cervion.com

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

For further information concerning this matter, please call:

Hunter Allen

Name of Contact Person

Enclosed is a check for the following amount:

□\$35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

□ \$43.75 Filing Fee & Certified Copy

S \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1

(1-3 MUST BE COMPLETED)

M1900007702

(Document number of corporation (if known)

SYNETOUCH SOLUTIONS, LLC

(Name of corporation as it appears on the records of the Department of State)

DELAWARE

3.08/09/2019

(Date authorized to do business in Florida)

ι.

h 1 0l ...

. . .

(Incorporated under laws of)

SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1/13/2020

EDGESERV POS, LLC

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

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

9. If the amendment changes person, title or capacity in accordance with 607,1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
			DAdd
<u> </u>		v 	🗆 Add
			🗆 Add
<u> </u>			□Add
			□Add
Attached is a certific of the application to t under the laws of wh	ate or document of similar import, evi- he Department of State, by the Secretar ich it is incorporated.	dencing the amendment, authenticated no y of State or other official having custody o	t more than 90 days prior to delive of corporate records in the jurisdiction
-	(Signature of a director a receiver or other cou	r, president or other officer - if in the hand irt appointed fiduciary, by that fiduciary)	ls of
HUNTER ALLEN		MEMBER	
(Турес	d or printed name of person signing)	(Title of per	son signing)

FILING FEE \$35.00

State of Delaware Secretary of State Division of Corporations Delivered 04:04 PM 01/13/2020 FILED 04:04 PM 01/13/2020 SR 20200245019 - File Number 7504356

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. Name of Limited Liability Company: Synetouch Solutions, LLC
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:



IN WITNESS WHEREOF, the undersigned have executed this Certificate on the ______ day of January ______, A.D. 2020 .

By:

Authorized Person(s)

Name: Hunter Allen

Print or Type