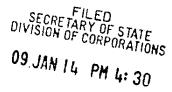
COVER LETTER TO: Amendment Section Division of Corporations Synergy lesources, Inc PD 8000037640 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Polanda Velerguer (Name of Contact Person) (Firm/ Company) Verde Way (City/ State and Zip Code) For further information concerning this matter, please call: Yolanda Velazquez (Name of Contact Person) (Requestor's Name) (Address) 800140343028 (City/State/Zip/Phone #) 01/14/09--01030--015 \*\*35.00 PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies\_ Certificates of Status Special Instructions to Filing Officer:

Office Use Only

or at the 30

## Articles of Amendment to Articles of Incorporation of



(Name of Corp	oration as curre	ently filed w	vith the F	lorida Dep	t. of State	
Synergy	Resource	s, STA	1C	Doc #	P08	0000 37640
	(Document Nun	nber of Corp	oration (i	f known)		
rsuant to the provisions of lowing amendment(s) to its			Statutes, t	his <i>Florida</i>	Profit C	Corporation adopts th
If amending name, enter	the new name o	f the corpor	ation:			
e new name must be di acorporated" or the abbrev o". A professional co acciation," or the abbreviat	viation "Corp.," prporation nam	"Inc.," or	Co.," or	the design	ation "C	orp," "Inc," or
Enter new principal office incipal office address MUS			<u> </u>			
			***************************************			
Enter new mailing addre (Mailing address MAY BE			_			
			<del>*** , 18  </del>		· · · · · · · · · · · · · · · · · · ·	
If amending the registere	d agent and/or :	registered of	ffice addr	ess in Flor	ida, enter	the name of the
new registered agent and						
Name of New Register	ed Agent:				<del> </del>	
New Registered Office	Address:		Florida sti	reet addres.	 s)	
						, Florida
			(Ci	ty)		(Zip Code)
w Registered Agent's Signer ereby accept the appointmentation.					nd accept	the obligations of th
		Signature of i	New Regis	stered Agen	it, if chans	zing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

**Type of Action** 1835 Verde Way ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) \* Lynae Gurnsey Also Acquired 50% ownership company shares. F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 1-09-09						
Efi	fective date if applicable:					
	(no more than 90 days after amendment file date)					
Ad	option of Amendment(s) (CHECK ONE)					
⊴	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.					
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):					
	"The number of votes cast for the amendment(s) was/were sufficient for approval					
	by"					
	(voting group)					
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.					
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
	Dated					
	Signature  (By a director, president or other officer – if directors or officers have not been					
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	Yolanda C. Velazguez					
	(Typed or printed name of person signing)					
	C.E.O.					
	(Title of person signing)					