P2100042142

(Requestor's Name)
(Address)
(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

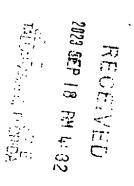


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N/C Arrend



A. RAMSEY
SEP 192023



FLORIDA CAPITAL COURIER SERVIC	ES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	ė.
(850) 524-5437	
(850) 524-6243	
Please use funds from account I20210000160): \$52.50
Authorization Signature:	
Synergy Milling Contactors, Inc.	L21000042142
X Certified copy	
_X Certificate of Status	
NEW FILINGS	AMENDMENTS
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A.
Officer/Director	Articles of Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Correction
OTHER FILINGS	
REG	GISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE:	OTHER

EXAMINIER'S INITIALS:____

RECEVED
2023 SEP 18 PM 4-31

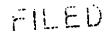
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Synergy Milling Co	ontactors, INC:	<u> </u>
DOCUMENT NUMI	BER: P21000042142		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Lesia M. Lacey		
		Name of Contact Person	
	Synergy Milling Contractors		
		Firm/ Company	
	27098 Paratins Drive		
		Address	
	Punta Gorda FL 33983		
		City/ State and Zip Code	;
	Hacey.synergy@outlook.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		
Numer	of Contact Person	at ()
Name	of Contact Person	Alea Col	de & Daytine Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2023 SEP 18 AM 11: 37

Synergy Milling Contactors, INC.			
(Name of Corporation	as currently filed with the	Florida Dept. of State)	(1)
P21000042142			
(Docume	nt Number of Corporation (f known)	
Pursuant to the provisions of section 607.1006, Florida Staticles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the followin	g amendment(s)
A. If amending name, enter the new name of the cor	poration:		
Synergy Milling Contractors, INC.			_The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional	incorporated" or the abbreviatic corporation name must contai	on "Corp.," in the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		, enter the name of the	
Name of New Registered Agent		<u> </u>	_
 ,	(Florida street address)		_
New Registered Office Address:		. Florida	
Hen Registered Office Hadress.	(City)		Code)
New Registered Agent's Signature, if changing Regist thereby accept the appointment as registered agent. I	am familiar with and accept		_
Signat	ure of New Registered Agen	i, ij changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u> :	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			***
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

	necessary).	(Be specific)				
						
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 					· · · ·	
					 	
						
						
			-			
				llation of issue	d charec	
f an amendment provides	for an exch	ange, reclassifi	cation, or cance			
f an amendment provides provisions for implement	for an exch	ange, reclassifi ndment if not c	cation, or cance ontained in the	amendment its	elf:	
f an amendment provides provisions for implement (if not applicable, indi	ing the amer	ange, reclassifi ndment if not c	cation, or cance ontained in the	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance ontained in the	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance ontained in the	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
f an amendment provides provisions for implement (if not applicable, indi	ing the amer	ange, reclassifi ndment if not c	cation, or cance	amendment its	elf:	
provisions for implement	ing the amer	ange, reclassifi	cation, or cance	amendment its	elf:	

The date of each amendmer date this document was signe		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90	days after amendment file date)
Note: If the date inserted in document's effective date on	this block does not meet the applic the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or b	poard of directors without shareholder action and shareholder
	ere adopted by the shareholders. The were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders thro	ough voting groups. The following statement wote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/wer	re sufficient for approval
by	(voting group)	
	(voting group)	
	/2023	
Dated		
Signatura	Lesia Lacey	
(By a director, president or other offic	ter – if directors or officers have not been the hands of a receiver, trustee, or other court
	Lesia Lacey	
	(Typed or printed i	name of person signing)
	COO/CFO	
	(Title of person sig	gning)