P20000067496

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOLYAG INC		<u> </u>
DOCUMENT NUM	P20000067496		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	GABRIELA MARTINEZ		
	SOLYAG INC	Name of Contact Person	
		Firm/ Company	
	1570 W 38PL		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	
	INFO@SOLYAG.COM		
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, plea	se call: 786	0757963
GABRIELA MARTINEZ		at (<u></u>	9757863
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOLYAG INC				
(<u>Name</u> (of Corporation as currently	filed with the Florida Dept.	of State)	
	(Document Number of)	Corporation (if known)		
Pursuant to the provisions of section 607 ats Articles of Incorporation.		•	ppts the following ame	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			
NO CHANGES				new
name must be distinguishable and contain "Inc." or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co". A	ompany," or "incorporated" o. professional corporation nat	r the abbreviation "Co me must contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4009 NW 7ST		
		MIAMI, FL 33126		
C. Enter new mailing address, if appl		4009 NW 7ST	302 T	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		MIAMI, FL 33126	I SEP 2	_ _
D. If amending the registered agent ar new registered agent and/or the new		ess in Florida, enter the name		ED
Name of New Registered Agent			42	
				83
	(Florida stree	et address)		
New Registered Office Address:	4009 NW 7ST , MIAMI		33126 Florida	
New Neglacies Comments	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wi		of the position.	
	Signature of New Reg	gistered Agent, if 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.

Example: X Change	<u>PT</u>	John Do	<u>ou</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	additional Articles s, if necessary). (l	Be specific)				
			····			
					-	
						
<u>.</u>	_				<u></u>	
_						
. <u> </u>						
						
				<u> </u>	······································	
					 	
						
<u>an amendment prov</u>	<u>ides for an exchan</u> :	ge, reclassificatio	on, or cancellatio	n of issued shares	<u>s,</u>	
rovisions for implen	<u>ienting the amendi</u>	<u>ment if not conta</u>	<u>ined in the amer</u>	<u>idment itself:</u>		
(if not applicable,	indicate NA)					
-						
		 .				
		-				
			-			
			-			

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	(e)
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad- action was not required	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the a afficient for approval.	mendment(s)
■ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
· 	(voting group)	
	BER 07, 2021	
Dated		
Signature	**	
(By a c selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	GABRIELA MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·