## P02000007517

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Syntegral Consulting Corp.				
DOCUMENT NUMI	DOCUMENT NUMBER: P02000007517			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	Denise F. Gomes		·	
		Name of Contact Person	l	
	Syntegral Consulting Corp.			
		Firm/ Company		
	123 SE 3rd Ave. #546			
	<del> </del>	Address		
	Miami, Fl. 33131			
		City/ State and Zip Code	*	
denis	egomes@syntegralconsulting.	com		
		ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
Denise F. Gomes		508	. 808-3981	
	-f.C	at (508	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporat	ion as currently filed with th	e Florida Dept. of State)		
P02000007517				
(Docur	ment Number of Corporation (i	if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Profit</i>	Corporation adopts the follow	ing amer	idment(s) t
A. If amending name, enter the new name of the c	orporation:			
			The	new
name must be distinguishable and contain the woi "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profes		abbrevio	ation
B. Enter new principal office address, if applicable	<u>e:</u>		1 9 .	— r>>
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u> )			#535.00 # 1000.00 # 1000.00
			111	SEP
			3+ TT	<b>−</b> ~
C. Enter new mailing address, if applicable:			j-∹ ∷i≰i.	<u>a</u> ,
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		cc	_₹
			#357	:4
			<b>1</b>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		enter the name of the		_
Name of New Registered Agent			_	
<del></del> .	(Florida street address)		<del></del>	
New Registered Office Address:	(Piorida sireel dadress)	, Florida		
New Registerea Office Address.	(City)		o Code)	_
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		t the obligations of the position	·.	
Sino	nature of New Pagistared Agen	4 if ahamina		

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 Doe	ł	
X Remove	<u>v</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	Title	]	<u>Name</u>	Address
1) Change	P		ALEXANDER BLUCHER	123 SOUTHEAST 3RD AVENUE
Add				#546
X Remove				MIAMI, FL 33131
2) Change	P		ANSELM LE BOURNE	123 SOUTHEAST 3RD AVENUE
X Add				#546
Remove				MIAMI, FL 33131
3)Change		<del></del> .		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself:
<del></del>	

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	"
•	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
09/20/2016	
DatedSignature	enie Donos
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
E	enise F. Gomes
	(Typed or printed name of person signing)
V	C, CEO
<del></del>	(Title of person signing)