P02000 123488

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(C)	- 10t-t- 7:- 10t	40
(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





800350371778

08/17/20--01031--026 **35.00

MW3

2979 KOY -2 AM 6: 17



2.7.100 - 000 1: 50

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2020

KASH SHARFI MCGOEY, SHARFI & CO CPA'S PA 639 EAST OCEAN AVENUE SUITE 101 BOYNTON BEACH, FL 33435

SUBJECT: SYSTAM U.S. INC. Ref. Number: P02000123488

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00019072

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPORA	ation: Syst	am u.s. I	nc.	
DOCUMENT NUMBI	ER:	<u>P 02 0 00 1234</u>	-38	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this man	tter to the following:		
_	Kash Sh	arfi		
		Name of Contact Person	ı	
	McGoey Sha	rfi + Co CF	PA'S PA	
_		Firm/ Company		
	2700 N.	Military Tro	ail, Ste 200	
_				
	Boca R	laton, FL	33431	
_	Boca Raton, FL 33431 City/ State and Zip Code			
-	Kash @ E-mail address: (to be us	cpapalmb	each. com	
For further information	concerning this matter, pleas	se call:		
Kash	Sharfi	at 561	734-8599	
Kash Sharfi at (561) 734-8599 Name of Contact Person Area Code & Daytime Telephone Number				
,	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 Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

|--|

(Name of Corporation as currently filed with the Florida Dept. of State)

PO2000123488
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

and the distinction is babble and according	the word "appropriation"	The new 'company," or "incorporated" or the abbreviation "Corp.,"
	Corp." "Inc," or "Co".	A professional corporation name must contain the word
B. Enter new principal office address,	applicable:	2700 N. Military Trail, Ste 200
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Boca Raton, FL 33431
C. Enter new mailing address, if appl	cable:	
(Mailing address MAY BE A POST		2700 N. Military Trail, Ste. 200
		Boca Raton, FL 33431
D. If amending the registered agent an new registered agent and/or the new		ddress in Florida, enter the name of the
new registered agent and/or the new	v registered office addr	ess:
new registered agent and/or the new	v registered office addr	ess:
new registered agent and/or the new	v registered office addr	ess:
new registered agent and/or the new	v registered office addr	ess:
new registered agent and/or the new	v registered office addr	ilitary Trail, Ste, 200 street address) ton (City) Florida 33431 (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	2700 N. M (Florida Boc.a. Ra	ilitary Trail, Ste, 200 street address) ton (City) (City) Florida 3343/ (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	2700 N. M (Florida Boc.a. Ra	ilitary Trail, Ste, 200 street address) City (City) The street address of the street
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	2700 N. M (Florida Boc.a. Ra	ilitary Trail, Ste, 200 street address) ton (City) (City) Florida 3343/ (Zip Code)

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:	DТ	John Doo	
X Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Cinquin, Gerard	639 East Ocean Ave #101
Add Remove			Boynton Beach, FL 33435
2) X Change	<u>P</u>	<u>Cinquin, Sebastien</u>	2700 N.M. Litary Trail, Ste
Add			Boca Ratin FL 33431
Remove 3) Change	<u>\</u>	<u>Cinquin</u> , Emilie	2700 N. Military Trail, Ste
Add			Boca Rator, FL 33431
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding additional A	vrticles, enter cha	inge(s) here:			
Attach <i>ade</i>	itional sheets, if necessary	v). (Be specific)				
		· · · · · · · · · · · · · · · · · · ·				
				• ,		
-						
	 					
						
						
			· · · · · ·		_	
				<u>, </u>		_ _ _
<u>lf an amei</u> provision	idment provides for an e s for implementing the a	xchange, reclassi mendment if not	lication, or cance contained in the	<u>llation of issued :</u> amendment itsel	<u>shares,</u> f·	
(if no	t applicable, indicate N/A))	to in the contract of the cont	The state of the s	<u></u>	
			·			
						
					-	
						
						
		.			 -	

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendr	nent file date)
Note: If the date inserted in this bedocument's effective date on the Do		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of votes confficient for approval.	ast for the amendment(s)
	roved by the shareholders through voting groups, each voting group entitled to vote separately on t	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by		
,	(voting group)	
Dated	0/29/2020	
Signature		
selecte	rector, president or other officer – if directors or one of the directors or of the directors of the directo	
	Sebastian Cinquin	
	(Typed or printed name of person sign	sing)
	President	
	(Title of person signing)	