P05000032657

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	iy/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600163706156

12/24/09--01020--019 **35.00

AmingM

SECKETARY OF STATE VELAHASSEE, FLORIDA



December 30, 2009

STEVE SHRIER 1835 E HALLANDALE BEACH BLVD #107 HALLANDALE BEACH, FL 33009

SUBJECT: SYLMAC ENTERPRISES CORP.

Ref. Number: P05000032657

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

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 209A00039507



SYLMAC ENTERPRISES

1835 E. HALLANDALE BEACH BLVD. #107 HALLANDALE BEACH, FL. 33009 T: 954 457 7678 E: SALES@SYLMAC.COM

December 20, 2009

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Name Change

We are requesting to change the name form SYLMAC ENETERPRISES to SYLMAC INTERNATIONAL.

If you have any questions or comments, please fell free to contact me

Thank you

SYLMAC ENTERPRISES

STEVE SHRIER

COVER LETTER

•	•		
TO: Amendment S Division of C			
NAME OF CORI		LMAC EN	Telfrises
DOCUMENT NU	umber: P0 50	1000 3 2657	···
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	STEV	L SHRIER Name of Contact Person	
		Firm/ Company	
	1835		Le Beach Bru DAVE-
/	HACCAUDAL	State and Zip Code	- 33009
	_	City/ State and Zip Code CM AC CO M Indication of the state of the s	
For further inform	ation concerning this matter,	please call:	
Name	of Contact Person	at () Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddress	Street Address	
Amendmer		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee FL 32314		2661 Executive Center Circ	ما

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** (Name of Corporation as currently (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must be distinguishable and contain the word "corporation," name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: HURE DR. #116

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lamfamiliar with and accept the obligations of the position.

New Registered Office Address:

Signature of New Registered Agent, if changing

(Florida street address)

· 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 Address **Title** <u>Name</u> ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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:
Effective date if applicable: Addition is required)
(no more than 90 days after amendment file date)
Adoption 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 statemed 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 Vec 20/09
Signature Jeolo 9
(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)
STEVE SHRIER
(Typed or printed name of person signing)
(Aes MacT
(Title of person signing)