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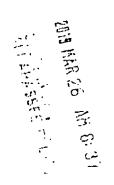
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COVER LETTER

TO: Amendment Sect Division of Corpo				100 KM 20 M 0.31
NAME OF CORPO	RATION: SINLEY INVEST	MENTS,INC		TO THE PERSON OF
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		ં છે.
Please return all corre	spondence concerning this ma	tter to the following:		*3.* —
	MARINA SCHLEICHER			
		Name of Contact Person	n	- <u>-</u>
	<u> </u>	Firm/ Company	·····	_
		Address		
	MIAMI GARDENS,FLORII	DA 33056		_ _
		City/ State and Zip Cod	e	
MAR	INA@STUDIO-ELEMENTS	S.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
MARINA SCHLEICH	HER	614 at (3711055	
Name	of Contact Person	Area Co	de & Daytime Telephone Nun	nber
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	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 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

FILING CANCELLED DUE TO RETURNED CHECKArticles of Amendment

Articles of Incorporation of

		7	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	55 0	
P16000045677			
(Document Number of	of Corporation (if known)	*::	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	owing amendme	
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name n		
B. Enter new principal office address, if applicable:	MARINA SCHLEICHER		
(Principal office address MUST BE A STREET ADDRESS)	3493 NW 167 ST		
	MIAMI GARDENS ,FLORIDA ,33056	i	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3493 NW 167 ST		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI GARDENS,FLORIDA ,33056		
	ress in Florida, enter the name of the		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	ress in Florida, enter the name of the		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	ress in Florida, enter the name of the 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)

Remove

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 Doc FILING CANCELLED X Remove Y Mike Jones DUE TO RETURNED CHECK X Add <u>\$V</u> Sally Smith Type of Action Title Name Address (Check One) LEIBOV VLADISLAV 11900 BISCAYNE BLVD #506 1) ____ Change MIAMI ,FL 33181 __ Add Remove LEIBOV VLADISLAV 11900 BISCAYNE BLVD#506 2) ____ Change MIAMI,FL 33181 ___ Add Remove MARINA SCHLEICHER 3493 NW 167 ST 3) ____ Change **MIAMI GARDENS FL 33056** Add _ Remove SERGEI ZELENY 1025 92 ST # 506 Change BAY HARBOR ISLAND, FL 3315 Add __ Remove Change __ Add Remove 6) Change Add

FILING CANCELLED DUE TO RETURNED CHECK 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:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mor	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	E)
☐ The amendment(s) was/were adopted by the shareholded by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol- must be separately provided for each voting group en	ders through voting groups. The following statement itled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	
by(voting group	
(voting group)
☐ The amendment(s) was/were adopted by the board of daction was not required.	irectors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
Dated 3,/15/19	
Signature	
	her officer – if directors or officers have not been - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fi	
Marina	Shleicher
(Typed or	printed name of person signing)
Pres	dent.
	(Title of person signing)

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