## P17000017722

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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: SYNERGY MOUNT LOGISTICS INC.  DOCUMENT NUMBER: P17000017722						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
11613 SW 216 5T						
Address Address P2 33170 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:  (305) - 333 - 1950  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee & S52.50 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  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

## Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE DIVISION OF CORPORATION

the Florida Dept. of State) (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: The new 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 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 Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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	PT John	n Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	Name	Ad	<u>dres</u> s	
1) X Change	<u> </u>	LUCIANO		8521 SW 1640	_
Add				JIAMI, FZ 33/93	3
Remove					
2) Change Add	<u> </u>	GABRIEL	HERNANDES	85215W164C Klowi, F2331C	T 1=
Remove					/
3) Change					
Add					
Remove					
4) Change	***************************************				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<del></del>	<del> </del>	<del></del>		
Add					
Remove					

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
	<del> </del>
***************************************	
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	10/1
UCIANO DAA	ICHEZ PRESIDENT, 50% shave NDEZ, General Manager, 50% sha
ABRIEL HERNA	+NDEZ, General Manager, 50% sha
	8 /
79	

The date of each amendment(s) adoption:	, if other than the
tate this document was signed.  Effective date if applicable: WARCH 23, 2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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 MARCH 23, 2017	
Signature (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LUCIANO SAUCHEZ	
(Typed or printed name of person signing)	
PRESIDEDT	
(Title of person signing)	