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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SYH GROUP CO	DRP	
DOCUMENT NUMBER:	P20000027331		
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	itter to the following:	
	EVILEN	LE RAMOS BARDALEZ	
		Name of Contact Person	1
	SYH GF	ROUP CORP	
		Firm/ Company	
	8901 NV	V 32ND AVE	
		Address	
	MIAMI.	FL 33147	
		City/ State and Zip Cod	e
	erciliara	mos914@gmail.com	
E-ma		sed for future annual report	notification)
For further information concerni EVILENI E RAMOS BARD.		se call: 786	720-5560
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & rificate 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		· · · · · · · · · · · · · · · · · · ·	Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The C	entre of Tallahassee
Tallahassee, FL 32314		2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SYH GROUP CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P20000027331 (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 street address) New Registered Office Address: (City) (Zip Code) 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

Check if applicable

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	**	_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change	S	HECTOR MANUEL FUENTES	8851 NW 119 ST APT 2109
X Add			HIALEAH, FL 33018
Remove			
4) Change			
Add			
Remove			.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f 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)	

JULY 19, 2020
The date of each amendment(s) adoption:, if other than the
date this document was signed.
JULY 19, 2020
Effective date if applicable: (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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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 cast for the amendment(s) was/were sufficient for approval
by it by Rames. (voting group)
(voting group)
JULY 19, 2020 Dated
Signature Way Zume -
(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)
EVILENI E RAMOS BARDALEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)