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(Re	equestor's Name)	_	
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2021 JAN 26 AH 9: 1 SECRETARY OF STAT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SYLCOMESTICS	INC	_
DOCUMENT NUMI	D20000000997		
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Stephanie Crespo Perez		
		Name of Contact Persor	i .
		Firm/ Company	·
	12304 Antonio Circle		
		Address	
	Orlando, Fl 32826		
	-	City/ State and Zip Code	•
	syi.cosmeticss@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Stephanie Crespo Per	ez	at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Ame Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee 3. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

FILED Articles of Incorporation

SY1 Comestics inc	2021 JAN 26 AM 9: 11
(Name of Corporation as	s currently filed with the Florida Dept of State
P20000090887	TALLAHASSEE, FL
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
SYI COSMETICS INC	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co"—A professional corporation name must contain the word ion "P.A."
·	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent N/A	
Name of New York Text 13cm	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	e of New Registered Agent, if changing
grain-e	and the trademic of the man a common of
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

Example: X Change	<u>PT</u>	John Do	<u>e</u>					
X Remove	$\underline{\mathbf{Y}}$	Mike Jor	<u>nes</u>					
X Add	<u>8V</u>	Sally Sm	<u>nith</u>					
Type of Action (Check One)	Title		<u>Name</u>			Address		
1) Change		_	N/A		_	N/A		
Add								
Remove								
2) Change		_			_			
Add								
Remove 3) Change		_		_	_			
Add								_
Remove							_	
4) Change		_			_			
Add							<u>.</u> .	
Remove								
5) Change		_			_			
Add								
Remove								
6) Change					_			
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Remove								

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	vides for an exchange, re	classification, or cance	lation of issued shares.	
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The date of each amendment(s)	adoption:, if other tha
date this document was signed.	
	-13-2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The comment of the section of	dopted by the shareholders. The number of votes east for the amendment(s)
by the shareholders was/were s The amendment(s) was/were ap	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
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