P21000014865

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/Ŝtate/Zip/Phone	s #\
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TO:	Amendment Section	
	Division of Corporation	ıs

NAME OF COR	PORATION: Synaptic Scientific	Corporation	
	UMBER: P21000014865		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Scott Ohlgren		
		Name of Contact Person	1
	Synaptic Scientific Corporation	חו	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	4140 Eastwood Drive	Tittii Compan <u>y</u>	
		Address	
	Sarasota, FL 34232		
		City/ State and Zip Code	e
	scott@synapticscientific.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
Scott Ohlgren		at (303	810-9558
Na Na	ume of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:
■ 855 Filing Fe	See S43.75 Filing Fee & Certificate 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Synaptic Scientific Corporation

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000014865	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co"., "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
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 office add new registered agent and/or the new registered office address Name of New Registered Agent N/A	ress in Florida, enter the name of the
(Florida sır	eet address)
New Registered Office Address:	, Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

في

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	D	Jason Jepson	4140 Eastwood Drive
Add			Sarasota, FL. 34232 US
X Remove 2) Change	T,S	Amanda Ollenburger	4140 Eastwood Drive
Add			Sarasota, FL. 34232 US
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
რ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
· · · · · · · · · · · · · · · · · · ·		
E. 16		
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)		
N/A		
DVA	 	

d.

No.

*

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A.F

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 adys after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sfficient for approval.)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes cast	or the amendment(s) was/were sufficient for approval	~
by		
	(voting group)	這
		10
Dated_ <u>April</u>	15, 2021	=
Signature	SHF 100	2021 113 Y 10 AM 11: 07
(By a d	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Scott Ohlgren	
	(Typed or printed name of person signing)	·
	President, Director	
	(Title of person signing)	 -

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