P210000 18498

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(Document Number)						
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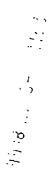
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Sypa Byllios Corp
DOCUMENT NUMBER: P21000018498
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 Expo Envios College Firm/ Company 8348 NW 68 Hh St Address Miami, Fl. 3316 C City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Victor Mancae at (786) 636-9307 Name of Contact Person at (786) 6 Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee S43.75 Filing Fee Scertified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

i.

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of		
Expo 6 nuios	Corp	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
PAIM	518498	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following am	nendment(s) to
A. If amending name, enter the new name of the corporation:		
	The	e new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 addressive registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
	1000	
Name of New Registered Agent	Meneco	
(Florida stree	t address)	
New Registered Office Address: 8348 NW 68	HIS Miam, Florida FL 3 City) (Zip Code)	3164
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the nosition	
r nerety accept the appointment as registered agent. Transjuntials we	or and accept the onligations of the position.	
Signature of New Reg	gistered Agent, if changing	
Check if applicable		
The manufacture of the first filed and the control of the control	. r.c	

 $[\]Box$ 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 Doc 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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Joi	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change					
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_		_	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change		_		_	
Add					
Remove					

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary), (Be specific)	
<u> </u>	
Article VI	
Correct aldress for the	2 15
Victor marco	
8348 NW 68th St	
Miami, Fl 33/66	
article UTI	
Please correct name	
Title P	
marco lictor	-
If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself	hares.
(if not applicable, indicate N/A)	
	
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· .	

The date of each amendme		march	4	121	, if other than the
date this document was signed	ed.	bo O Na	1 ((1	
Effective date <u>if applicable</u>	:	(no more than 90 days of	ifter amendme	nt file date)	
Note: If the date inserted in document's effective date or			atutory filing	requirements, th	is date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	CHECK ONE)			
The amendment(s) was/w action was not required.	ere adopted by th	ne incorporators, or board o	f directors with	nout shareholder	action and shareholder
☐ The amendment(s) was/w by the shareholders was/			er of votes cas	t for the amendr	nent(s)
	ded for each votir	ng group entitled to vote sep	parately on the	amendment(s):	
	es cast for the am	nendment(s) was/were suffi	rient for appro	vai	
by	(v	oting group)	·	·"	
Dated	3,	14/21			
Signature	By a director, pre	esident or other officer – if	directors or of	figare have not b	
	selected, by an in	corporator – if in the hands try by that fiduciary)			
		Nigtor		encc	2
		(Typed or printed name of	f person signir	g)	
		(Title of person signing)			