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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SYCMA CORPOR	RATION		
DOCUMENT NUN	1BER: P21000057911			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	Martin Rosenow			
		Name of Contact Persor	1	
	Rosenow Law, P.A.			
		Firm/ Company		
	3336 Virginia St			
	4.45	Address		
	Coconut Grove, FL 33133			
	******	City/ State and Zip Code	2	
	mdr@rosenowlaw.com			
	_	sed for future annual report	notification)	
For further informati Martin Rosenow	ion concerning this matter, plea		856-0058	
Name	e of Contact Person	Area Co) 856-0058 de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Ta	Illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SYCMA CORPORATION			
(Name of Corporation	on as currently filed with the l	lorida Dept. of State)	
P21000057911			
(Docum	nent Number of Corporation (if)	known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co.	prporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc,' "chartered," "professional association," or the abbre	or "Co". A professional co		n "Corp.,"
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)		
			-
	.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	N		
(Mailing address SIAT BE A POST OF FICE BO.	<u></u>	 _	
			
D. If amending the registered agent and/or register	red office address in Florida, e	nter the name of the	
new registered agent and/or the new registered of		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent			
	(Florida street address)		-
New Registered Office Address:		. Florida	
Sen regimered synthetinates.	(City)	(Zip C	lode)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		ne obligations of the position.	
, , , , , , ,	,	,	
	CAL D	· · · · · · · · · · · · · · · · · · ·	. ~
Signa	iture of New Registered Agent, i	j cnanging	2021 / 119
Check if applicable	50 7 0100		
☐ The amendment(s) is/are being filed pursuant to s. 6	507.0120 (11) (e), F.S.		7.3

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: \underline{X} Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	SV		Sandra Marcela Lopez Rojas	2120 W Preserve Way Unit 304
X Add		_		Miramar, FL 33025
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

	nal sheets, if necessary	v). (Be specific)			
		<u>-</u>			
					
	· =				
				-	
					
	·			· · · -	-
					
				- <u>-</u>	
			. <u>-</u>		
fan amenda	ent provides for an e	vehange reclassifi	ication or cancell	ation of issued sh	ares.
provisions fo	r implementing the a	mendment if not o	ontained in the a	mendment itself:	*******
(if not ap	plicable, indicate N/A)	1			
					·
		.			•

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The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date vipartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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	202
by	·"	2021 71 : 13
	(voting group)	ua di
∞ /	(1)000	$\frac{1}{\omega}$
Dated UO/	0912011	
Signature		<u>.</u>
(By a di selected	rector president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	0
	Martin Rosenow	
	(Typed or printed name of person signing)	
	Attorney for SYCMA CORPORATION	
	(Title of person signing)	