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Special Instructions to	Filing Officer:	
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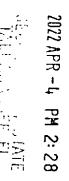
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIFTY SYDNEYS HOLDINGS INC
DOCUMENT NUMBER: <u>17200001522</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sydney Keller
FIFTY SYDNEYS HOLDENGS INC
951 NE 1St ave Unil 2701 A
Midmi, FL 33132 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 8074801 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Fifty sygnew Itoldings	IN	10	
(Name of Corporation as currently filed with the Florida Dept. of State)			
P2200001522			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	ollowing an	nendm	ent(s) t
A. If amending name, enter the new name of the corporation:	Th	ie nev	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation " contain th	Corp., ie word	 d
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 400 MIAMI, FL	-LL K		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) POPULA ADD EIN! 98-0943074 MIAMI, FL	ELL (331	A 31	۷E
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) (Florida street address) (Florida street address)	(Zip Code	e)	
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 positive of New Registered Agent, if changing	osition.		
Signature of New Registered Agent, if changing		J22 /	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	TALLS SSEE	1PR -4 PM	

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 Doe		
X Remove	<u>v</u>	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>1</u>	Name	Address Av. Co. 12 - 0.12 - 0.12 - 0.12
1) X Change	<u> </u>	. -	Sydney Keller	IIIO BRICKELL AVI
Add Remove				MIAMI FL 33131
2) Change	AK	? = !	GOLDBERGER	CUTTE 1400
Add Remove 3) Change	(adai	ng ((course)	WEST PALMBEACH, FL
Add			/	
Remove				<u></u>
4) Change				
Add				
Remove				
5) Change	_			
Add				
Remove				
6) Change				
Remove				

Attach additional s	ding additional Articles, theets, if necessary). (Be	specific)	<u>\$</u> .		
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If an amendment provisions for im (if not applica	provides for an exchange oplementing the amendmenting the amendmenting the amendmenting the amendmenticate N/A)		r cancellation of iss I In the amendment		
	- II				

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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 122122 (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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
Dated March 29, 2027 Signature Application	_
(By a director, president or other officer — to directors or officers have not been scleeted, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u> </u>
president	
(Title of person signing)	

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