P22000016787

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D CUSHING

COVER LETTER

TO: Amendment Section

Division of Corporations

	<u></u>	nergy L&T logistic	s The
NAME OF CORPORA	ATION:	nergy L&T logistic	<u> </u>
DOCUMENT NUMBI	ER: <u> </u>	00016787	
The enclosed Articles of	f Amendment and	fee are submitted for filing.	
Please return all corresp	ondence concern	ng this matter to the following:	
-	Diana		<u>n</u>
		Name of Contact Person	,
_	Sine	194 L&T logistics Firm/Company	Inc
_	900	NE 195 ST # 504	
		Address	
	Mi	ami , Fl 33179.	
		City/ State and Zip Code	
	4	cservices consolling@gmail	l.com
_	E-mail addres	s: (to be used for future annual report notification	n)
For further information	concerning this r	atter, please call:	
Diana	4 Velas		0 1698 15
Name of	Contact Person	Area Code & Dayt	ime Telephone Number
Enclosed is a check for	the following am	unt made payable to the Florida Department of	ime Telephone Number State:
S \$35 Filing Fee	□\$43.75 Fili Certificate t	f Status Certified Copy Certif (Additional copy is Certif enclosed) (Addi	icate of Status ied Copy tional Copy closed)
Amen Divisi P.O. E	ng Address dinent Section on of Corporation Box 6327 hassee, FL 3231	The Centre of T	orations fallahassee e Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Sinergy	LET LOGISTICS INC of Corporation as currently filed with the Florida Dept. of State)	
(Name o		
	P22000016787-	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	. 006, Florida Statutes, this Florida Profit Corporation adopts the following amends	nent(s) to
A. If amending name, enter the new na	ame of the corporation:	
SYNERGY L8	T LOGISTICS INC	? น '
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the abbreviation "Corp. Corp," "Inc," or "Co". A professional corporation name must contain the word or the abbreviation "P.A."	••
B. Enter new principal office address, (Principal office address MUST BE A S		-
C. Enter new mailing address, if applied (Mailing address MAY BE A POST C		-
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the	
Name of New Registered Agent	022	······································
	(Florida street address)	. 44
New Registered Office Address:	(City) Florida (Lip Cade)	
New Registered Agent's Signature, if el I hereby accept the appointment as registe	thanging Registered Agent: tered agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer a	and/or D	irector		director being removed and title, name, and
(Attach additional sheets, Please note the officer/dir			first letter of the office title:	
				rustee: C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO =	Chief Fi	nancial	Officer. If an officer/director holds more than	one title, list the first letter of each office held.
President, Treasurer, Dire				PST and Mike Jones is listed as the V. There is
				hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,				
Example:	DYT	laha I		
X_Change	<u>PT</u>	John I	<u> </u>	
X Remove	<u>V</u>	Mike .	lones	
X Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
(1)) Change	M6R	-	DIANA Y VELASQUEZ FO	REGO -
_ ★ Add				900 NE 195 ST APT 504
·Remove			_	Miami, 72 33179
2) Change	<u>462</u>	-	ARTURO VALLEJOS	
Add				
Remove Change	MGR	_	ARTURO VALLEJO SILVA	
★ Add				900 NE 195 ST APT 500
Remove				Miami, FL 33179
4)Change		_		
Add				
Remove				
5)Change		-	<u> </u>	

Add

___ Remove

_ Remove

6) ____ Change

____ Add

E. If amending or adding additional Ar	ti <u>cles, enter</u> change(s) here:
(Attach additional sheets, if necessary)	(Be specific)
name corporation co	mection
Partner name correc	
Add New Partner	
F. If an amendment provides for an expensions for implementing the arm	change, reclassification, or cancellation of issued shares, reclassification or cancellation of issued shares,
(if not applicable, indicate N/A)	endular with a management men.
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption	n: 09-18-2022 , if other tha	in the
late this document was signed.		
Effective date <u>if applicable</u> :	18-2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of locument's effective date on the Departm	bes not meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.	as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted to action was not required.	ty the incorporators, or board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) it for approval.	
	by the shareholders through voting groups. The following statement 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	, "	
	(voting group)	
Dated 09-18-	202Z 20 VALIETO SÎLWA	
Signature A270	20 VALIETO SÎLVA	
selected, by a	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court eciary by that fiduciary)	
	ARTURO VALLETO SILWA	
	(Typed or printed name of person signing)	
	M6R	
	(Title of person signing)	