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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SYNDICATE MU	LTISERVICES INC			
	BER: P22000045399				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	JEAN DARANG				
		Name of Contact Persor	1		
	OPEN HEARTS SERVICES INC				
		Firm/ Company			
34339 ALICANTE CT					
	Address				
	SORRENTO, FL 32776				
	City/ State and Zip Code				
	syndicatems2022@gmail.com	11			
		sed for future annual report	notification)		
For further information	on concerning this matter, plea		256-9943		
Name of Contact Person at (\frac{928}{}) \frac{256-9943}{Area Code & Daytime Telephone No.			de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made				
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			<u>Address</u>		
	endment Section	Amendment Section			
	rision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SYNDICATE MULTISERVICES INC

FILED

(Name of Corporation as currently	r filed with the Florida Dept. of State) AH 9: 09
P22000045399	ZUZY JAN I / API 9: U9
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	- · · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the corporation:	
OPEN HEARTS SERVICES INC	The new
name must be distinguishable and contain the word "corporation," "c "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 addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered Agent, if changing

Check if applicable

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 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 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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendin</u> (Attach <i>add</i>	ng or adding additional sheets, if nec	onal Articles, en essary). (Be sp	ter change(s) he pecific)	<u>re</u> :		
	·					
	-				<u> </u>	
					•••	
F. <u>If an amen</u>	idment provides for	an exchange, r	eclassification, o	or cancellation of	issued shares,	
<u>provision:</u> (<i>if noi</i>	s for implementing applicable, indicate	the amendment N/A)	t if not contained	l in the amendme	nt itself:	
						
	··· <u>-</u>					
		-				

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. .

	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/02/20 Dated	24	
Signature	director, president a other officer - if directors or officers have not bee	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	JEAN DARANG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	