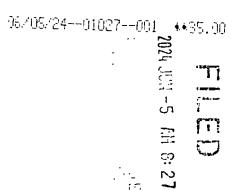
P24000033529

(Requestor's Name)	
(Address)	
(Address)	
(0): (0): (7: (0): (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	· ·





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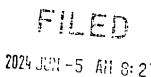
COVER LETTER

TO: Amendment Section Division of Corporations

• • •

NAME OF COR	PORATION: SUSYSCO INC.		····
	UMBER: P24000033529		
	cles of Amendment and fee are su	ibmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	SUSANA GONZALEZ OLI	VARES	
		Name of Contact Person	
	SUSYSCO INC.		
	 	Firm/ Company	
	61 E 53RD TER	copy	
		Address	
	HIALEAH, FL 33013		
		City/ State and Zip Code	
	susana i 12772@gmail.com		
		sed for future annual report notification	on)
For further inform	nation concerning this matter, plea	se call:	
SUSANA GONZ	ALEZ OLIVARES	at (786) 720-35	564
Na	ume of Contact Person		ime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Department of	State:
S35 Filing Fe	e ☐\$43.75 Filing Fee & Certificate of Status	Certified Copy Certif (Additional copy is Certifienclosed) (Additional Copy is Certifience)	0 Filing Fee icate of Status ied Copy tional Copy closed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro Tallahassee, FL 3	orations Callahassee e Street, Suite 810

Articles of Amendment to Articles of Incorporation of



	UI UI	2024 JUN -5	Aii 8: 27 -
SUSYSCO INC.			9 67
(Name of Corpora	ation as currently filed with the	Florida Dept. of State)	
24000033529		· · · · · · · · · · · · · · · · · · ·	• •
(Doct	ument Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Flori is Articles of Incorporation:	ida Statutes, this <i>Florida Profit C</i>	orporation adopts the following	amendment(s)
. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word ' 'Inc.," or Co.," or the designation "Corp," "Ind 'chartered," "professional association," or the abb	c," or "Co". A professional c		
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AL			
	 _		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		
 If amending the registered agent and/or regist new registered agent and/or the new registere 		enter the name of the	
	u onice audress.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Ce	ode)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept t	he obligations of the position.	
Sig	gnature 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.

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)

Example:

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 <math>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.

X Change	<u>PT</u>	John Do	<u> 2¢</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>\$V</u>	Şally Sı	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	P	_	SUSANA GONZALEZ OLIVARES	61 E 53RD TER
Add				HIALEAH, FL 33013
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

<u>IE a</u> Att)	mending or adding additional Articles, enter change(s) here: such additional sheets, if necessary). (Be specific)
√A.	
-	
	
<u>lf a</u> Dr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
-	(if not applicable, indicate N/A)
/Λ	

•

	t(s) adoption:	, if other than the
late this document was signed	l.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action	and shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/23/		
Dated	Solez.	
Signature	20U2	
(B	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
ag	ppointed fiduciary by that fiduciary)	
aļ		
aļ	ppointed fiduciary by that fiduciary)	
aj	ppointed fiduciary by that fiduciary) SUSANA GONZALEZ OLIVARES	

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