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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: SYNDECO INVE	STMENT CORPORATION	V		
DOCUMENT NUMBE	R:				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
P.	IO R IERACI				
_		Name of Contact Person	n		
П	PI CORP		•		
	 	Firm/ Company	-		
24	455 E SUNRISE BLVD. #5	04			
		Address			
F	FORT LAUDERDALE, FL 33304				
		City/ State and Zip Cod	e		
PIOR@	BELLSOUTH.NET				
		sed for future annual report	notification)		
			,		
For further information of	concerning this matter, pleas	se call:	•		
PIO R IERACI		954	489-9430		
	0	at (⁹⁵⁴			
Name or	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
\$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)		
	ng Address		Address		
	dment Section		Iment Section		
	on of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SYNDECO INVESTMENT CORPORATION

BYNDECO INVESTMENT CORTORATION				
(Name of Corporation a	is currently	tiled with the Florida	Dept. of State)	
(Document	Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	itutes, this <i>Fl</i>	orida Profit Corporatio	on adopts the follo	wing amendment(
A. If amending name, enter the new name of the corpo	ration:			
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	Inc," or "Co	o". A professional cor		
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>SS</u>)			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
D. If amending the registered agent and/or registered of		s in Florida, enter the	name of the	
new registered agent and/or the new registered office				
Name of New Registered Agent				
 	(Florida stree	t address)		
New Registered Office Address:			, Florida	
	(C	ity)	(2	Zip Code)
			# . .*	
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		h and accept the obliga	tions of the north	
nereby decept the appointment as registered agent. I am	i jumiliar wii	n unu uccepi me oongu	ations of the position	#6 5 ₹ 8
Signatur	e of New Res	sistered Agent, if change	ing See S.	<u> </u>
				⊐ :

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>	Name	<u>Addres</u> s
1) Change	D	FRANCESCO FRANCHI	2455E SUNRISE BLVD #504
X Add			FORT LAUDERDALE, FL 33304
Remove			
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Damaya			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument it not contained in the amendment itself:

The date of each amendment(s) a date this document was signed.	doption:, if of	iher than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this is document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	,n	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were addraction was not required.	opted by the incorporators without shareholder action and shareholder	
OCTOBER Dated	The select	
' (By a d selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	FRANCESCO FRANCHI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	