## P10000061873

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NORTH PORT P.	AVERS INC	
DOCUMENT NUME	BER: P10000061873		
	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	LECIO DE PAULA		
	·	Name of Contact Person	n
	BRILLIANT TAX SERVIC	ES CORP	
		Firm/ Company	
	3050 ASHTON RD	гини Сотрану	
		Address	
	SARASOTA, FL 34231	7 (10.7)	
		City/ State and Zip Cod	e
brillia ———	ntaxservices@gmail.com	<u></u>	
	E-mail address; (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
LECIO DE PAULA		941 at (	815-8886
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Fifing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisic Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State	)		
10000061873				
(Document Number	of Corporation (if known)			·
ursuant to the provisions of section 607,1006. Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the	followin	g amend	lment(s)
. If amending name, enter the new name of the corporation:				
			The n	m.
me must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	r the a e must	_ bbreviat	ion
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )				_
. Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<del></del>	_
		<u>}-</u>	<u>(</u>	-, ;
				.í. 
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			.:	j
Name of New Registered Agent		7	.11	
		>.~		
(Florida :	street address)		-	
New Registered Office Address:	, Florida			_
	(City)	Clin t	Codes	

## 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: <u>X</u> 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
I) Change	D	LAIO FRANCO COELHO	21078 TUCKER AVE
Add			PORT CHARLOTTE, FL
X Remove			33954-3024
2) Change	D	ALLEN JOHN WERNER	365 N HAVANA RD
X Add			VENICE, FL
Remove			34292-0000
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

(Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment five date)	
Note: If the date inserted in this blo document's effective date on the Depa	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s);	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	led by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
06/06/2017		
Dated	,	
Signature / 4	1401 11/5/1	
(By a dire	ector, president or other officer – if directors or officers have not been	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court	
áppointec.	I fiduciary by that fiduciary)	
H	ELIOMAR SILVA	
_	(Typed or printed name of person signing)	
p	RESIDENT, DIRECTOR	
_	(Title of person signing)	