P22000014509

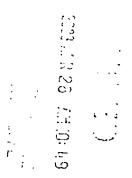
(Requestor's Name)	
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(Business Entity Name)	
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	ORATION: CEREBROSEN A	CCION INC				
DOCUMENT NUM	1BER: P22000014509			_		
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	HUMBERTO MATURANA					
		Name of Contact Person	1			
		Firm/ Company				
	120 LAKEVIEW DR APT 1	16				
	-	Address				
	WESTON, FL 33326					
		City/ State and Zip Cod	e			
	miscomprasbuy@outlook.com	n				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:		<i>t</i> 1	2:	
HUMBERTO MAT	URANA	at () 760-3721 de & Daytime Telephone N	<u>:</u>	2023 APR	
Name	of Contact Person	Area Co	de & Daytime Telephone N	Number	733 j.	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	;	28	٠
\$ 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)		1000 HB	
M	ailing Addrose	Street	Address			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CEREBROSEN ACCION INC				
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P22000014509				
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing	amend	ment(s) to
A. If amending name, enter the new name of the corporation: CEREBROS EN ACCION, INC			The n	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviation	n "Corp	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	120 LAKEVIEW DR APT 116 WE	STON, F	L 33326	_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	120 LAKEVIEW DR APT 116 WE	STON, F	L 33326	ń -
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	· · · · · · · · · · · · · · · · · · ·	202	-
new registered agent and/or the new registered office address		:	(ب	
Name of New Registered Agent		<u>:</u>	82 23 24	
			7	3
(Florida su	reet address) , Florida_	:	چ	, I
	(City)	(Zip C	oden	_
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the po	osition.		
Signature of New F	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 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 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) X Change	P	HUMBERTO MATURANA	120 LAKEVIEW DR APT 116
Add			WESTON, FL 33326
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

If amending or addin (Attach <i>additional shee</i>	g additional Ard ets, if necessary).	(Be specific)	e <u>ts) nere</u> :			
<u></u>			<u> </u>	<u> </u>		·
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If an amendment pro provisions for imple	vides for an exch	ange, reclassifica	tion, or cancel	lation of issue	<u>d shares,</u> elf:	
(if not applicable	, indicate N/A)	NOMENT IN MOTEO				
			· 			
					<u>-</u>	
					_	

	03/28/2023	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cast t	or the amendment(s) was/were sufficient for approv	val .
by		"
	(voting group)	
03/28/2023 Dated		
	besto Afatorana	
selected	rector, president or other officer – if directors or offi , by an incorporator – if in the hands of a receiver, to ed fiduciary by that fiduciary)	
	IUMBERTO MATURANA	
-	(Typed or printed name of person signing	<u>,</u>
	PRESIDENT	

(Title of person signing)