

P24000021870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

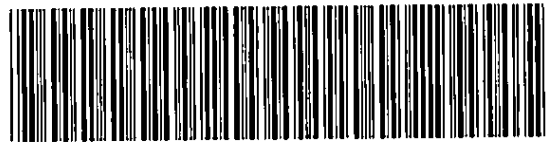
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400427619954

Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 MAY 15 AM 11:09

FILED

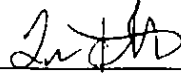
A. RAMSEY
MAY 16 2024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 MAY 15 AM 10:50

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$35.00

Authorization Signature: 
IMPAR SOLUTIONS CORP P24000021870

BUSINESS (Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy of

Certificate of Status

NEW FILINGS

AMMENDMENTS

Profit

Amendment

Not for Profit

Resignation of. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

LLC

Conversion

CORP

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign Filing

Fictitious Name

Limited Partnership

APOSTIL () _____

Reinstatement

Trademark

Statement of Authority

Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMPAR SOLUTIONS CORP _____

DOCUMENT NUMBER: P24000021870 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person
RS ACCOUNTING AND TAX SERVICES INC

Firm/ Company
10 FAIRWAY DRIVE STE 306

Address
DEERFIELD BEACH FL 33441

City/ State and Zip Code

info@rsaccountingtax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO P SILVA _____ at (954) 623-7615
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

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
IMPAR SOLUTIONS CORP

FILED
2024 MAY 15 AM 11:09

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000021870

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

05/14/2024
Dated _____

Signature Julyano Quinquim Teixeira
(By a director, 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 appointed fiduciary by that fiduciary)

JULYANO QUINQUIM TEIXEIRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)