

P240000021870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

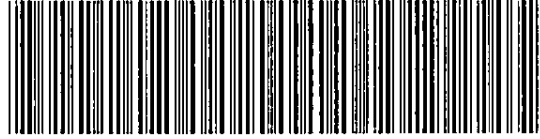
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Amend

2024 JUL 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 15 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 16 2024

A RAMSEY

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

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$35.00

AUTHORIZATION SIGNATURE: Jan Yule
Impar Solutions Corp P24000021870 Document #
BUSINESS (Name)

- Walk in Pick up time
- Mail out Will wait
- Photocopy
- Certified copies of
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- INC**
- LLP

INC

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

AMMENDMENTS

- X Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

REGISTRATION/QUALIFICATIONS

- Foreign Filing
- Limited Partnership
- Reinstatement
- Trademark
- Other

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

FILED
2024 JUL 15 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

IMPAR SOLUTIONS CORP

(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**)

3301 N UNIVERSITY DRIVE

SUITE 100

CORAL SPRINGS FL 33065

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3301 N UNIVERSITY DRIVE

SUITE 100

CORAL SPRINGS FL 33065

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 JULYANO QUINQUIN TEIXEIRA

3301 N UNIVERSITY DRIVE SUITE 100

(Florida street address)

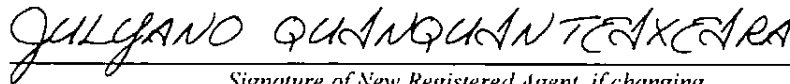
New Registered Office Address: CORAL SPRINGS, Florida 33065

(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.

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	<u>P</u>	<u>JULYANO QUINQUIN TEIXEIRA</u>	<u>3301 N UNIVERSITY DRIVE</u> <u>SUITE 100</u> <u>CORAL SPRINGS FL 33065</u>
2) <input checked="" type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	<u>P</u>	<u>MARIA CAROLINA SCHERRER</u>	<u>3301 N UNIVERSITY DRIVE</u> <u>SUITE 100</u> <u>CORAL SPRINGS FL 33065</u>
3) <input type="checkbox"/> <u>Change</u> <input checked="" type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	<u>P</u>	<u>JARBAS RODRIGUES DE ABREU</u>	<u>3239 NW 103RD TER</u> <u>CORAL SPRINGS FL 33065</u>
4) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
5) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
6) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____

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)

Dated 07/15/2024 _____

Signature JULYANO QUINQUIN 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 QUINQUIN TEIXEIRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)