N120005639

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2022 DEC -2 PH 2: 1

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COVER LETTER

TO: Amendment Section Division of Corporations

PORTUGUESE HO NAME OF CORPORATION:	OLY GHOST OF PALM BEACH INC.
N12000005639 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	ter to the following:
	MARIA TEIXEIRA
	(Name of Contact Person)
PORTUGUES	E HOLY GHOST OF PALM BEACH, INC
	(Firm/ Company)
	107 SADDLE TRAIL
	(Address)
RO	OYAL PALM BEACH FL 33411
	(City/ State and Zip Code)
NY	CCHELA@BELLSOUTH.NET
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
GRACE TORRES	561 312-6528 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Flo	rida Dept. of State)	2022 DEC -2	PH 2: 14
(Document	Number of Corporation (if known))	ीं शास
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pro</i>	fit Corporation a	dopts the following
A. If amending name, enter the new name of the cor	poration:		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated" or i	the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)		
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 registere new registered agent and/or the new registered of		the name of the	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida s	reet address)	
		, Florida	
	(City)	(Zip (lode)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		bligations of the p	osition.
	Signature of New Registered :	Igent, if changing	· · · · · · · · · · · · · · · · · · ·

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 X Add XV X Sally Smith Tree of Action (Check One) X Change		•		
Change	X Change X Remove	V Mike	e Jones	
Add		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
2) X Change VP NATALIA ANDRADE 23 ST THOMAS DR PALM BEACH GARDEN FL 334 Remove 3 Change Add Remove 5		<u>VP</u>	MARIA II NUNES	
3) Change Add	2) × Change	<u>VP</u>	NATALIA ANDRADE	23 ST THOMAS DR PALM BEACH GARDEN FL 334
	3) Change Add			
5) Change	4) Change Add			
Add	5) Change Add			
E. If amending or adding additional Articles, enter change(s) here:				
	E. If amending or add			

				-	
					
	_			_	
		· - · -			
The date of each amendment(s late this document was signed.) adoption:				if other than the
	1/2/2022				
meetive date it applicame.	(no more the	an 90 days after am	endment file date)		
Note: If the date inserted in this	block does not meet t	he annlicable statute	ory filing requiremen	ats, this date will not	be listed as the

<u>Note:</u> 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	11/02/2022
Signature ((By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MARIA TEIXEIRA
	(Typed or printed name of person signing)
	SECRETARY