

N12000009828

(Requestor's Name)

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☐ PICK-UP

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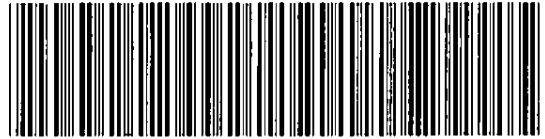
(Business Entity Name)

(Document Number)

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N/C & Amend

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TAXPAYER SERVICE

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2024 NOV 19 PM 3:27  
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A. RAMSEY  
NOV 20, 2024

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/19/2024  
Acc#120160000072

*en: c SW*

|             |                  |
|-------------|------------------|
| Name:       | SUSTENTARE, INC. |
| Document #: |                  |
| Order #:    | 15985549         |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
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| Amount: \$ | 43.75 |
|------------|-------|



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sustentare Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Andrew D. Bernstein

\_\_\_\_\_  
(Name of Contact Person)

Simpson, Thacher & Bartlett, LLP

\_\_\_\_\_  
(Firm/ Company)

25 Lexington Ave

\_\_\_\_\_  
(Address)

New York, NY, ZIP 10017

\_\_\_\_\_  
(City/ State and Zip Code)

andrew.bernstein@stblaw.com

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

For further information concerning this matter, please call:

Andrew D. Bernstein

+1 (202) 636-5509

\_\_\_\_\_  
(Name of Contact Person)

at \_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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 NOV 19 AM 11:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Sustentare Inc.

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

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

Onçafari International, Inc. The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.

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

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                    PT       John Doe  
X Remove                   V       Mike Jones  
X Add                        SV       Sally Smith

| Type of Action<br>(Check One)   | Title    | Name                                | Address   |
|---|----------|-------------------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove  | <u>D</u> | <u>Robert Taraboulos</u>            | <u></u><br><u></u>  |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove  | <u>D</u> | <u>Marcelo Mesquita de Oliveira</u> | <u></u><br><u></u>  |
| 3 ) <input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>Alain Belda</u>                  | <u>900 Fifth Ave , 6A, New York, NY</u><br><u>ZIP 10021, USA</u><br><u></u>   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove  | <u>D</u> | <u>Otavio Castello Branco</u>       | <u>Rua do Salitre 136, apt B-R/C Esq.</u><br><u>ZIP 1250-204 Lisboa, Portugal</u><br><br><u>ZIP 01444-000, Brazil</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove  | <u>D</u> | <u>Todd Chapman</u>                 | <u>1926 S Clarkson St, Denver, CO</u><br><u>ZIP 80210, USA</u><br><u></u>   |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove  | <u>D</u> | <u>Stephen Todd Crider</u>          | <u>425 Lexington Avenue, New York, NY</u><br><u>ZIP 10017, USA</u><br><u></u>   |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

A new article is added as Article III - Purpose, as follows:  
The purpose and objectives of the Corporation shall be to preserve the natural world and its ecosystems,focusing on jaguars,  
other wildlife, and the earth's biological diversity, through education, science, habitat restoration and protection,  
socioeconomic development, and community partnerships including the use of funds to further the purpose and objectives  
of the Corporation in conformity with the provisions of Section 501(c)3 of the Internal Revenue Service

A new article is added as Article IX - Dissolution, as follows:

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

\*\*\*\*

- Further to the information included in Section D, the following board members will be added:

Director - Robert Kozmann - Address: 400 West 61 Street, apt 811, New York, NY, ZIP 10023, USA

Director - Filipe Blackwood Oliveira - Address: 66 Leonard Street, apt 2/3D, New York, NY, ZIP 10013, USA

- The following Board member will be maintained in the Board:

Director - Mario Haberfeld - Address: Avenida Magalhães de Castro, 12000, torre 8, apto 70, São Paulo, SP, ZIP 05676-900, Brazil

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

11/19/2024

Dated

DocuSigned by:

Signature *Mario Haberfeld*

DE246546616244F

(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)

Mario Haberfeld

(Typed or printed name of person signing)

Director

(Title of person signing)