N13000004806

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Dx	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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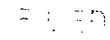
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	PPORT INC
N13000004806 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Delia Kennedy	
	(Name of Contact Person)
Access Team Support Inc	
	(Firm/ Company)
11373 West Flagler Street Suite 207	
	(Address)
Miami, FL 33174	
	(City/ State and Zip Code)
delia@opus500consulting.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Delia Kennedy	7865561397
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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



Access Support Team Inc

2023 OCT 25 PM 12: 17

Name of Corporation as currently filed with the Florida I	<u>lept. of State</u>)
N13000004806	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	The new
ame must be distinguishable and contain the word "corporate Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	,N/A
C. Enter new mailing address, if applicable:	8000 NW 7th Street Suite 102 Miami, FL 33126
(Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a 	
Name of New Registered Agent:	n)jA
New Registered Office Address:	(Florida street address)
	(City) , Florida (City)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
	ν/a
Si	gnature 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>VP</u>	Amanda Cabrera	8000 NW 7 Street Suite 102 Miami, FL 33126
Remove			
2) Change Add	ST	Matthew Jalil	8000 NW 7 Street Suite 102 Miami, FL 33126
Remove 3) Change Add Remove			
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		·	
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The date of each amendment(s) adoption date this document was signed.	10 21 2022				, if other than the
Effective date if applicable:	(no more than 90	davs after amen	dment file date)		- 10
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the ap	plicable statutory			ot be listed as the
	(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.

ce chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
ı
(Typed or printed name of person signing)