Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000074743 3)))



H210000747433ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAXPEOPLE LLC

Account Number : 120200000160

Phone : (772)460-1000

Fax Number : (772)777-3071

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DANIEL @ SHILOPAR. Com. br

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CARDOSO FOUNDATION, INC.

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## **COVER LETTER**

(((H21000074743 3 )))

TO: Amendment Section Division of Corporations				
	CARDOSO FOUNDAT	TION, INC.		
NAME OF CORPORATION	i:			
. N	L9000008895			
DOCUMENT NUMBER:				
The enclosed Articles of Amer	ndment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
CLAUDIO TOLEDO RIBEI				
		Name of Contact Person	n)	
TaxPeople, LLC				•
		(Firm/ Company)		
2855 SW Brighton St		· .		
		(Address)		
Port St Lucie, FL 3	4953			
		(City/ State and Zip Co	de)	
daniel@shilopar.com				
E-	mail address: (to be used	for future annual repor	tootification	1)
For further information cone	erning this matter, please	call:		
Claudio Toledo Ribe		7 0 at	72.460.1 100	
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida De	partment of	State:
S \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
•				

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

TaxPeople

(((H21000074743 3 )))

Articles of Amendment to Articles of Incorporation of

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."	Name of Corporation as currently filed with the Florida N1900008895	Dept. of State)	
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.  2855 SW Brighton St.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St Lucie, FL 34953  C. Enter new mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (City)  (City)  Florida  (City)  Florida  (Zip Code)	(Document Num	ber of Corporation (if known)	
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.  2855 SW Brighton St.  B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRESS) Port St Lucie, FL 34953  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (City) (Zip Code)	Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation a	adopts the following
The state of the address of the new registered agent and/or registered office address:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  (City)  New Registered Office Address:  Name of New Registered Agent:  (City)  New Registered Office Address:  2855 SW Brighton St.  2855 SW Brighton	A. If amending name, enter the new name of the corpora	tion:	
2855 SW Brighton St.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St Lucie, FL 34953  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (City)  (City)  (Florida street address)		10 1 11 1	The new
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (City)  (City)  (Zip Code)	name must be distinguishable and contain the word "corpor "Company" of "Co." may not be used in the name.		Corp. or Inc.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (City)  (City)  (Zip Code)	B. Enter new principal office address, if applicable:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)	Principal office address MUST BE A STREET ADDRES.	S) Port St Lucie, FL 34953	
(Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  (City)  (City)  (City)  (Zip Code)			<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  (City)  (City)  (City)  (Zip Code)			
(Mailing address MAY BE A POST OFFICE BOX)  Port St Lucie, FL 34953  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:  (City)  (City)  (City)  (City)  (City)			
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:  (City)  (Zip Code)	C. Enter new mailing address, if applicable:	2855 SW Brighton St.	
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	(Mutung address MAX DEN LOST OF CASE SOL	Port St Lucie, FL 34953	
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)			
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)			الأبرية
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)			
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	- we at the standard and/or registered of	ffice address in Florida, enter the name of t	he
Name of New Registered Agent:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	D. If amending the registered agent and/or the new registered office	e address:	
New Registered Office Address:  (City)  (Florida street address)  , Florida  (Zip Code)	HGW TERSIEFE, S. Zelle Rajo, O. T.	·	ા <sup>ળ</sup> ળ <del>ન</del>
New Registered Office Address:  (City)  (Florida street address)  , Florida  (Zip Code)	Name of New Registered Agent:		
New Registered Office Address:  (City)  (Zip Code)			' [τ] Θ
New Registered Office Address:  (City)  (Zip Code)	·	(Florida street address)	
(City) , Florida, Florida, (Zip Code)	New Registered Office Address:		
(City) (Zip Code)		Eloui	da
The state of the s			
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.		(City)	p con-y
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name of America Signature if changing Register	red Agent:	
y not only wantely and app animalian and the second of the	I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of th	e position.
	) not buy weekly the approximation to the business of the busi	-	
	<del></del>	Signature of New Registered Agent, if change	ine

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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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change ·			
Remove			
E. If amending or act (attach additional s	iding additional	Articles, enter change(s) here: y). (Be specific)	
	<del></del>		
·			,

	(((H21000074743 3 )))
	•
The date of each amendment(s) adoption:	, if other than t
late this document was signed.	
Effective date if applicable: (no more than 90 days aft	er amendment file date)

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

(CHECK ONE)

Adoption of Amendment(s)

DocuSign Envelope (D: 787E4CB5-FE07-4091-9DB6-DBB56B6FFB56

	(((H21000074743 3 ))) ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.
	02/23/2021
1	Dated  Docusigned by:  Signature  ACCURETABLE
•	(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)
٠	paniel Amaral Cardoso
	(Typed or printed name of person signing)
	President
	(Title of person signing)